2008 Arizona Pandemic Influenza Operational Plan



Susan Gerard, Director Arizona Department of Health Services July 9, 2008

Executive Summary

An outbreak of a highly pathogenic and transmissible Type A Influenza virus has the potential to negatively impact our communities and our livelihoods. Arizona's goal, and the goal of the U.S. Department of Health and Human Services, is to minimize the impact of a pandemic influenza event on Arizonans

The response to a pandemic influenza event is not only a public health emergency, but will require the strength and resolve of years of emergency preparedness and response planning, system capabilities, and partnership development. It will require local and state agencies, non-governmental organizations, and others to work closely to slow the spread of the pandemic, protect Arizona's critical infrastructure, and to ensure Arizona can quickly restore social and economic legitimacy following the pandemic experience.

The 2008 Arizona Pandemic Influenza Operational Plan (Plan) was compiled as a coordinated effort among over 25 local, state, and federal agencies and non-governmental organizations. The Plan addresses three main strategic goals: (1) ensure continuity of operations of state agencies and continuity of state government; (2) protect citizens; and (3) sustain and support 17 critical infrastructure sectors and key assets. These organizations and agencies helped to provide direction and content for the following major functional areas within each strategic goal:

- Sustaining Operations of State Agencies
- Public Health Continuity of Operations Planning
- Continuity of the Food Supply System
- Responding to Agriculture Emergencies and Maintaining the Food Safety Net Programs
- Uniformed Military Services Needs and Assets;
- Transportation
- Epidemiological Surveillance and Laboratory Capacity
- U.S. Ports of Entry
- Community Mitigation Interventions
- School Closure
- Medical Countermeasures
- Mass Vaccination
- Healthcare and Hospital Preparedness
- Mass Fatalities
- Communications
- Mitigating the Impact on Workers in the State
- Official Communications Mechanisms for Foreign Missions
- Emergency Medical Services and 9-1-1 Preparedness
- Public Safety and Law Enforcement
- Critical Infrastructure Protection and Private Sector Coordination

Contents

Contributing Agencies	5
Generic Planning Principles and Assumptions	10
Documentation of Preparedness Plans	15
Plans and Documents that are Referenced in the 2008 Arizona Pandemic Influenza Operational Plan Appendices	16
National Incident Management System (NIMS)	18
Appendix A.1	22
Appendix A.2	42
Appendix A.3	64
Appendix A.4	78
Appendix A.5	95
Appendix A.6	107
Appendix B.1 Surveillance	119
Appendix B.1 Laboratory	149
Appendix B.2	157
Appendix B.3	166
Appendix B.4	188
Appendix B.5	209
Appendix B.6	227
Appendix B.7	256
Appendix B.8	273
Appendix B.9	280
Appendix B.10	308
Appendix B.11	328
Appendix B.12	332
Appendix B.13	345
Appendix B.15	356
Appendix C.1	357
Appendix C.2	358
Appendix C.3	359
Appendix C.4	360
Appendix C.5	361

Appendix C.6	. 362
Appendix C.7	. 363

^{*}Appendix B.14 has been omitted due to original formatting of U.S. Department of Health and Human Services (USDHHS) Federal Guidance document.

Contributing Agencies

Agency	Name	Signature
Arizona Department of Health Services	Susan Gerard	Susan Gerand
	Will Humble	WHentel
	Cam Hunter	Camera H Ute
	Teresa Ehnert	derese Elmest
	Paul Barbeau	En Bosh
	Joel Bunis	fort kunis
	Laura Erhart	Lawa M ENA Robert M. Evans
	Rob Evans	Robert M. Evans
	Kathy Fredrickson*	
	Jennifer Herbert*	
	Jean-Robert Jeoffroy	Ger Poki Laftag
	Don Kautz	Smals L. Kart
	Ken Komatsu	On Wind
	Charles Lacy-Martinez	clafilly
	Elisabeth Lawaczeck	Elisabeth W Lawrageek

	Andrew Lawless	AnJalen
	Chris Lyons	Chris Lyons
	John Meyer	John ? Ma
	Bryan Mitchell	By D Well
	Terry Mullins	Teny Mullin
	Alan Oppenheim	
	Ethan Riley	Eth zy. Rily
	Carrie Senseman	Chi (.V
	Bill Slanta*	
	Joe Urrea	Jours M. Vine
	Scott Voss	Scatton
	Tina Wesoloskie	Ina Westwistie
Arizona Department of Administration	Steve Bold	3 a Bold
	Marie Isaacson	marie Isaacson
	Barbara Jaeger*	
Arizona Department of Agriculture	Dart Easterday	Qart Easterday
Arizona Association of Food Banks	Ginny Hildebrand	Sant Easterday Linny Hildebrand

Arizona National Guard	Gabriel Almendarez	Maket. Almen Day
Arizona Department of Education	Jean Ajame	gan Gamie
Arizona Department of Transportation	Carol Hartman	Cowlette
	Bill Tait	
	Mike Veucasovic	Michaelflan
Governor's Office	Marco Lopez	Mpur Astojes.
U.S. Customs and Border Protection	Jason West	Jason Heet
Arizona Board of Regents	Nancy Tribbensee	Navey Irlebensee
Arizona Division of Emergency Management	Ryan Goosley	Kyan P. Graley
	Mariano Gonzales	Mariano Dongaly Ja
	Jan Kimmel	ala Kinnell
	Judy Kioski	Judy Kicoski
	Matt Parks	Matthe A-Poli-
	Beth Zimmerman	Beth Zimmer
Arizona Department of Economic Security	Jeanne Harmon	Jeanne Harmon
	Kathy Waite	Lath Waite
Phoenix Fire Department	David Leinenverber	Del J Lember

Arizona Department of Homeland Security	Fernando Reyes	Tanal Ryer
Arizona Department of Public Safety	Ken Morris*	
Arizona State Court System	Niki O'Keeffe	Niki D'Kent
Arizona Counter Terrorism Information Center	Todd White	The
Arizona Department of Corrections	Vincent Scarfo	Vinal Scafe
Arizona Department of Juvenile Corrections	Billy Mitchell	BEE
METRO Light Rail	Larry Engleman	Consense M. Soflann

^{*}Due to scheduling conflicts, some signatures could not be obtained.

ADHS would also like to thank the following agencies and individuals for their support of the 2008 Arizona Pandemic Influenza Operational Plan:

- Daniel Bergin, Associate General Counsel, Arizona State University
- LeEtta Overmyer, Deputy Vice President for University Administration, Arizona State University
- Alisa Diggs, Maricopa County Department of Public Health
- Dr. Robert French, Maricopa County Department of Public Health
- Dennis Cvancara, Maricopa County Department of Emergency Management
- Elizabeth Lueck, Cochise County Health Department
- Don Walker, Navajo County Health Department
- Dr. Ted Noon, Arizona Department of Agriculture
- Dr. Rick Willer, Arizona Department of Agriculture
- Dr. John Hunt, Arizona Department of Agriculture
- Lorie Mayer, Arizona Healthcare Cost Containment System (AHCCCS)
- David Drennon, Arizona Department of Commerce
- Charlene Crowell, Arizona Department of Housing
- Lisa Meyerson, Government Information Technology Agency (GITA)
- Louise Smith, Phoenix Fire Department
- Mark Naugle, Arizona Department of Emergency and Military Affairs
- Michael Myers, U.S. Customs and Border Protection
- Karen Ashley, Arizona Department of Homeland Security
- David Gambill, CDC
- COL Felicia French, Arizona National Guard
- LTC Charles J. Parisi, Arizona National Guard
- Patty Simpson, Arizona Department of Public Safety

- Antonio Hernandez, Arizona Department of Health Services
- Terry Digman, Arizona Department of Health Services
- Tim Singleton, Arizona Department of Health Services
- April Lawless, Arizona Department of Health Services
- Don Wolley, Arizona Department of Health Services
- Ramona Hernandez, Arizona Department of Health Services
- Juanita Roberts, Arizona Department of Health Services
- Gloria DeShazer, Arizona Department of Health Services
- Susan Goodykoontz, Arizona Department of Health Services
- Michelle Johnston, Arizona Department of Health Services
- Ruth Penn, Arizona Department of Health Services
- Andie Denious, Arizona Department of Health Services
- LaKeta Kemp, Arizona Department of Health Services
- William Frank, Arizona Department of Health Services
- Dr. Karen Lewis, Arizona Department of Health Services
- Ben Stepleton, Arizona Department of Health Services
- Dr. Rebecca Sunenshine, Arizona Department of Health Services
- Dr. Peter Kelly, Arizona Department of Health Services
- Mary Wiley, Arizona Department of Health Services

Generic Planning Principles and Assumptions

The following overarching principles and assumptions are generic planning assumptions for this plan. Planning assumptions specific to a particular strategic goal and operating objective are discussed within particular planning elements in the respective appendices.

- In Arizona, an influenza pandemic would result in numerous persons ill with influenza. The number of persons hospitalized would exceed the capacity of these institutions. Additionally, the number of deaths due to influenza like illness (ILI) would rise above regular influenza season rates. This plan was developed to promote an effective and coordinated response, from the interpandemic period through the end of the pandemic period.
- The vaccine for the pandemic strain will become available 4-6 months or more after the start of the influenza pandemic. Exception: A vaccine for H5N1 influenza could become available sooner as it is currently in the last phase of clinical trials. The source for this assumption and other assumptions is the document produced by CDC entitled, "Pandemic Influenza Vaccination: A Guide for State, Local, Territorial, and Tribal Planners (December 11, 2006) Source: Pages 1 and 2 of http://michigan.gov/documents/mdch/PandemicVaccinationPlanningGuide121106_180928_7.pdf.
- The release of influenza pandemic vaccine in the first few months may be unlicensed by FDA, but available under the Investigational New Drug (IND) provisions or Emergency Use Authorization of Medical Products.
- The federal government will purchase all pandemic vaccine through the first year (12 months). Other private and public funding sources will be responsible for purchase of vaccine after the first year. Source: Page 4 of http://michigan.gov/documents/mdch/PandemicVaccinationPlanningGuide121106_180928_7.pdf
- The influenza pandemic vaccine will be allocated to Arizona based on the proportion of the US population. According to the 2006 US Census estimates, Arizona's population is 6.1 million (pro rata of 2%) of the US population of 301 million. Source: http://www.census.gov/. Source: Page 4 of http://michigan.gov/documents/mdch/PandemicVaccinationPlanningGuide121106_180928_7.pdf
- The national production of the influenza pandemic strain is estimated at a rate of 5 million to 10 million doses per month. Arizona's 2% portion is 100,000 to 200,000 doses a month. Weekly shipments of 25,000 to 50,000 are expected. Source: Pages 6-7 of http://michigan.gov/documents/mdch/PandemicVaccinationPlanningGuide121106_1809 7.pdf

- The federal government will provide vaccine to Arizona based on the federal priority groups, which are subject to change. Although Arizona will be required to vaccinate according to the national priority groups, the state will have some flexibility in defining priority groups and subprioritizing within them. Source: Page 4 of http://michigan.gov/documents/mdch/PandemicVaccinationPlanningGuide121106_180928_7.pdf
- The federal government will be responsible for the vaccination of all federal employees working in Arizona. This include the federal correction facilities staff and prisoners, Veterans Administration (VA) employees and clients, Indian Health Service staff, Public Health Service employees, Transportation Security Administration (TSA), federal Air traffic controllers, federal Homeland Security employees, federal border patrol agents, and etc. Source:
 http://michigan.gov/documents/mdch/PandemicVaccinationPlanningGuide121106_180928
 28.7.pdf
- The influenza pandemic vaccine manufacturer(s) will have capabilities to ship up to 100 sites in Arizona. Source: Page 7 of
 http://michigan.gov/documents/mdch/PandemicVaccinationPlanningGuide121106_180928-7.pdf
- The providers in the state will be vaccinating individuals with season influenza vaccine during October through March. Seasonal influenza vaccine expires June 30th each year.
- The contraindications to influenza pandemic vaccine are the same as the seasonal injectable egg-based influenza vaccine.
- It is expected that a flu pandemic would cause widespread morbidity and mortality and might affect 40% of the workforce or more over a period of many months depending on incidence of disease within a community. Staff reductions may occur due to staff illness or death or due to family responsibilities related to the emergency. Problems may arise from illness in family, closure of schools, lack of caregiver support, or similar instances that prevent employees from coming to work. Such situations could decrease existing staff levels to critically low levels and threaten the capacity of the organization to continue operations.
- Staff levels may be significantly reduced due to high levels of illness and hospitalization. Staff may be lost due to significant mortality associated with disease or injury. Remaining workers may be psychologically affected by disease, family concerns, concerns about economic loss, or fear, and require behavioral assistance.
- Staff may be reduced by the need for some workers to attend to family illness or to children remaining at home due to school closures. Staff reductions may be temporary or may be long-term depending on the severity and nature of the emergency.

- Emergencies serious enough to require the activation of this plan will almost certainly warrant a Governor's Declaration of a State of Emergency and local declarations of emergency.
- In the event that the emergency affects other municipalities, mutual aid may not be available or may be severely limited. In the event that the emergency affects other jurisdictions, state and federal assistance may be severely limited.
- An emergency condition may require the reassignment of critical functions to other personnel or worksite relocations.
- Some of the information and communications systems supporting operations during normal non-emergency periods may not be available.
- A new virus subtype will likely emerge in a country other than the United States, although a novel strain could first emerge in the United States.
- Arizona's temporary residents, winter visitors, migrant workers and tourists will create a
 potential vaccination target population of nearly double that of the permanent resident
 population.
- When the pandemic transpires, laboratory reagents and personnel will be in short supply and will have to be allocated on a priority basis based upon a matrix designated by the State of Arizona Public Health Laboratory.
- An increase in testing to support increased demand for outbreak investigations based upon a priority matrix designated by the State of Arizona Public Health Laboratory.
- Agencies retain operational control of their communications systems and equipment during emergency operations.
- The State Health Alert Network will be functional throughout the incident.
- External vendors will continue to provide services according to existing contracts.
- The combined expertise and capabilities of government at all levels, the private sector and non-governmental organizations in the State of Arizona may be required to prevent, prepare for, respond to, and recover from a pandemic influenza.
- Adequate staff and facilities may or may not be available at hospitals and local levels for providing healthcare during a pandemic influenza in the State of Arizona.
- Refrigerated storage area where large numbers of remains can be processed will be needed. Additional Secure storage area will be required for personal effects.

- Large increases in mortuary affairs supplies and equipment (e.g., HRP and litters) may be needed for the numbers of dead far exceeding normal capabilities.
- Refrigerator trucks most likely will not be available because many agencies are planning to use them and they will be needed to keep the infrastructure running (i.e. refrigerated food stuffs to supermarkets).
- School district governing boards and charter school boards are responsible for ensuring that their schools are as prepared as possible to respond to emergency situations, including influenza pandemic.
- When the pandemic occurs, vaccines and medicines will be in short supply and will have to be allocated on a priority basis.
- Arizona has a very transit population and given modern travel patterns we anticipate little warning before outbreaks begin in Arizona.
- Each State Agency has developed an emergency communications plan and advised employees regarding the plan. Each State Agency has educated its employees regarding pandemic preparedness information.
- An emergency/disaster may cause significant damage to the economic and physical infrastructure.
- The response capability of the affected local government will be quickly overwhelmed and will necessitate state and possibly federal government assistance.
- Information management and the capacity to share critical information with the residents of the state will be vital during a pandemic.
- Residents whose employment status is impacted by a pandemic will need information regarding services specific to the needs arising from loss of employment.
- Outbreaks are expected to occur simultaneously, preventing shifts in resources that commonly occur in other natural disasters.
- Public safety agencies are likely to face increased demands while operating with a reduced workforce due to pandemic impact on agency employees and families.
- Due to manpower limitations, the public safety response to a pandemic will require interaction and involvement by all federal, state, and local public safety agencies in each affected jurisdiction.
- To effectively address public safety issues during a pandemic, law enforcement agencies will also need to provide proper protection to employees working in high risk environments for exposure.

- Realizing that employees cannot effectively focus on critical duties while worrying about their families, public safety agencies need to consider family support to retain confidence in employee capabilities.
- The influenza pandemic will affect some portion of the general population, government agencies (local, State and national), retail and wholesale grocery industry and other elements of the food system.
- Depending on the severity of the influenza pandemic, access to retail grocery outlets may or may not be available.
- The most vulnerable population in the case of the lack of retail grocery outlets access will be infants.

Documentation of Preparedness Plans

ADHS maintains an overarching Public Health Emergency Response Plan accompanied by several annexes and incident annexes. While these plans all dovetail from the overarching plan, each plan is a stand alone document that addresses the planning pieces specific to that public health component or incident. This 2008 Arizona Pandemic Influenza Operational Plan falls within the Incident Annex of Pandemic Influenza and is complementary to the ADHS Pandemic Influenza Response Plan dated June 2006.

ADHS derives its authority to respond and coordinate resources during a public health emergency from Arizona Revised Statutes (ARS) §36-781 *et seq.* Additionally, ADHS roles and responsibilities are outlined within various Emergency Support Functions (ESFs) within the State of Arizona Emergency Response and Recovery Plan (SERRP) maintained by the Arizona Division of Emergency Management (ADEM).

The SERRP for Arizona is organized to reflect the National Response Framework (NRF) ESFs. ADHS is the lead state agency for the following ESFs, appendices, and annexes of the SERRP:

- ESF 8, Health and Medical Services
- Public Health Appendix
- Behavioral Health Appendix
- Strategic National Stockpile Appendix
- CHEMPACK Appendix
- Influenza Pandemic Incident Appendix
- Biological Incident Annex

Plans and Documents that are Referenced in the 2008 Arizona Pandemic Influenza Operational Plan Appendices

By Appendix, the following plans and supporting documentation are referenced. *Please note that not all are included on the CD upon request by the submitting agency.

Appendix	Plans/Supporting Documentation
A.1	Arizona State Capitol Police Department, Incident Management Procedures
	 ADHS Comparison between the N9 Respirator and the Half Face Respirator
	 ADHS Hazard Assessment and PPE Selection Form and Directions Strohl Systems, Human Resources Plan Example
	 Hazard Assessment and Personal Protective Equipment Form, Nurse Example
	Hazard Assessment and Personal Protective Equipment Form, Electrician Example
A.2	ADHS Business Continuity Plan Executive Summary, updated July 2008
A.4	 Arizona State Emergency Response and Recovery Plan, Foreign Animal Disease Incident Annex, December 2003
	 ADHS, Avian Influenza Worker Protection Modified Tabletop Exercise Final Report, Highly Pathogenic Avian Influenza Rapid Response Training Exercise Series
	 Arizona Department of Agriculture, Combined Arizona State and Flock Initial Response and Containment Plan (ISRCP) for H5/H7 Low Pathogenic Avian Influenza (LPAI)
	 Association of Arizona Food Banks, Local Food Bank Disaster Response Plan Template
	 Association of Arizona Food Banks, State Food Bank Disaster Response Plan Template
A.5	 Arizona State Emergency Response and Recovery Plan, DRAFT Basic Plan, January 2007
	 Arizona State Emergency Response and Recovery Plan, DRAFT Influenza Pandemic Incident Appendix, January 2007
	OPLAN07-AZ16 (Pandemic Influenza) to CONPLAN 07-100 MSCA (Military Support to Civilian Authorities) (Multi-Hazard), Arizona National Guard
A.6	METRO Light Rail Emergency Management Plan, August 2007
B.2	ADHS Arizona-Sonora Regional Pandemic and Emergency Response Plan
	City of Phoenix Aviation Department Isolation Procedures
	Bird Interception Protocol for the Port of Phoenix, Arizona
	Port of Phoenix Protocol for Handling Avian Influenza
B.3	• 2008 ADHS Nonpharmaceutical Interventions Community Containment Plan for Pandemic Influenza

	,
	Indian Health Service, Tucson Area Office, Flu Vaccination Press Pelegge Pele
	Release
	Cover Your Cough Media File, February 2006 Newsia County Public Health Services District, CDC Cover Your Cough
	 Navajo County Public Health Services District, CDC Cover Your Cough Poster
	 Navajo County Public Health and Emergency Preparedness, Family Disaster Planning Brochure
	Mohave County Department of Public Health, Hand Washing Media File
	Mohave County Department of Public Health, Pandemic Influenza Newsletter
	 Navajo County Public Health and Emergency Preparedness, Seasonal & Pandemic Flu Brochure
	 Navajo County Public Health and Emergency Preparedness, Keep Flu Out of the Workplace Flyer
	Navajo County Public Health and Emergency Preparedness, Public Flyer
	 Navajo County Public Health and Emergency Preparedness, Keep Flu Out of the School Flyer
B.4	Arizona School Emergency Response Plan Minimum Requirements Guidance Document, ADE/ADEM
	Arizona School Emergency Response Plan Site Template, ADE/ADEM
	ADE Start of School Letter
	*Arizona State University Pandemic Influenza Response Plan dated February 2007
B.5	ADHS Antiviral Medication Distribution Plan, Version 1.0, March 2007
	ADHS SNS Plan, Version 4.21, March 2007
B.6	Arizona Mass Vaccination Clinic Plan, February 2006 and Appendices A
	through M
B.7	ADHS Alternate Care Site Plan for Pandemic Influenza, Version 1.0, June 2008
B.8	ADHS Pandemic Influenza Mass Fatality Response Plan, Version 4.0, June 2007
	and Appendices 1 through 12
B.9	ADHS Pandemic Influenza Risk Communication Plan, June 2008 and
	Appendices I through X
	Arizona Statewide PIO Contact List
B.13	FCC Master PSAP Registry (PSAPs in Arizona)
B.15	*This appendix and all supporting material have been redacted due to sensitive public safety and law enforcement material.
C.1 to C.7	*This appendix and all supporting material have been redacted due to sensitive
	public safety and law enforcement material.

National Incident Management System (NIMS)

Lead Individual for State

Jan Kimmell, Assistant Director
Preparedness Section
Arizona Division of Emergency Management;
Department of Emergency and Military Affairs
5636 E. McDowell Rd.
Phoenix, AZ 85008
602-231-6398
jan.kimmell@azdema.gov

Activities are brisk throughout the State as jurisdictions, departments and agencies continue moving their staffs through NIMS and Incident Command System (ICS) training as well as working towards meeting newly released criteria in other areas outside of training in tandem with NIC requirements.

ADEM continues to ensure that the NRF and the SERRP mirror each other as closely as possible. The review processes instituted by ADEM and interested agency stakeholders in 2007-2008 ensured that the SERRP remained NIMS compliant. As a living document, the SERRP undergoes constant review/updating and major revisions every three to four years to reflect the most current format and changes. In this year's cycle, ADEM completed the SERRP update in May of 2008. It is currently in the process of final review by the Attorney General's Office. Subsequent transmission to the Governor's Office for signature is expected after that.

The existing SERRP has undergone the National Review and was deemed acceptable except for lacking a Catastrophic Incident Annex. This Catastrophic Incident Annex is being incorporated into the current revision process.

Conformance to all NRF/NIMS Principles and Guidelines

The Governor's Executive Order 2005-08, in line with Homeland Security Presidential Directive 5, states "The National Incident Management System (NIMS) shall be the State Standard for incident management". Governor's Executive Order 2005-08 was amended in September 2007 (Governor's Executive Order #2007-23) to reflect that ADEM was lead in the following areas for NIMS in Arizona:

- The Arizona Division of Emergency Management (ADEM) will lead NIMS implementation throughout Arizona.
- ADEM shall be charged with:
 - o Incorporate NIMS into existing statewide training programs and exercises;
 - o Seeking federal preparedness funding sufficient to support NIMS implementation;
 - o Incorporating NIMS into emergency operations plans;
 - o Promoting intrastate mutual aid agreements
 - Providing and coordinating technical assistance to local entities regarding NIMS to ensure statewide compliance;

- o Institutionalizing the use of NIMS; and
- o Leading the effort to achieve statewide NIMS compliance to ensure continued eligibility for federal homeland security grant funds.

ADEM's Preparedness Section has personnel to train and educate agencies in institutionalizing NIMS. A NIMSCAST Coordinator is available to offer training and education to agencies in using the NIMSCAST Survey tool, an important compliance requirement of the federal Department of Homeland Security as well as the State Department of Homeland Security. Four NIMSCAST outreach seminars have been held around Arizona in 2007-2008, and four more are being scheduled. The Coordinator also monitors the NIMSCAST database tool for Arizona, and assists as requests are received from the NIMS Desk, local agencies, and state agencies.

Arizona was a participant in TOP-OFF 4 in October of 2007. Local and state agencies successfully demonstrated their capability in this federally-sponsored exercise to use NIMS components to integrate efficiently with the State Emergency Operations Center (SEOC) and with the Federal Emergency Management Agency (FEMA) Team.

The State of Arizona conducts multi-year training and exercise program phases according to regional or statewide objectives and scenarios. The exercise program may consist of a combination of components:

- Seminars
- Workshops
- Table top exercises
- Functional exercises
- Command post exercises
- Full scale exercises
- Large scale games.

The training program identifies courses that enhance the exercise program components, educates and trains organizations and individuals, as well as improves the community's ability to mitigate against, prepare for, prevent, respond to and recover from disasters. The multi-year program is a valuable tool for assessing and improving prevention, protection, response, and recovery capabilities in a risk-free environment.

The State of Arizona's Exercise Program complies with the Homeland Security Presidential Directive 8 which requires a "national program and a multi-year planning system to conduct homeland security preparedness-related exercises that reinforces identified training standards, provides for evaluation of readiness, and supports the National Preparedness Goal". It also complements and supports the National Response Framework, National Incident Management System, US Department of Homeland Security Exercise and Evaluation Program (HSEEP), and State of Arizona Homeland Security Strategy while testing the State Emergency Response and Recovery Plan and local plans.

The exercise and training program is conducted by a method that involves all state homeland security regions and the counties within. The exercise and training program is the roadmap for the State to accomplish the priorities described in the Arizona Homeland Security Strategy. The State

has pursued a coordinated homeland security strategy that combines enhanced planning, innovative training, and realistic exercises to strengthen the State's emergency prevention and response capabilities. Training and exercises play a crucial role in this strategy, providing the State with a means of attaining, practicing, validating, and improving new capabilities. The result of the exercise and training program is to improve prevention, protection, response, and recovery capabilities of the participating counties/regions.

In the period of October of 2007 to end of April, 2008, 29 drills, exercises, planning meetings, and workshops have been conducted by the Preparedness and Training Section of ADEM in conjunction with the various participating local, state, federal and tribal agencies. These activities have included the use of NIMS principles.

At the direction of the Arizona Department of Homeland Security (AZDOHS), all jurisdictions, departments and agencies planning to submit and/or be considered for Homeland Security Grant Program for Federal Fiscal year 2008 have to complete their NIMSCAST Survey for 2007, and for Federal Fiscal Year 2008 when it becomes due on September 30, 2008. ADEM continues to coordinate this effort by providing technical assistance and training. In March and April of 2008, the NIMSCAST Coordinator from ADEM traveled with AZDOHS personnel to the five Homeland Security Regions in Arizona. The Coordinator's information on NIMSCAST compliance requirements for Federal Fiscal Year 2008 was included on the agenda and presented to the interested stakeholders.

ADEM continues to monitor NIMSCAST Survey activity for Federal Fiscal Year 2007 and Federal Fiscal Year 2008 in Arizona, helping agencies to demonstrate NIMS implementation progress in 27 milestones as indicated by the U.S. Department of Homeland Security.

The SERRP, which includes the Pandemic Influenza Annex, is in compliance with the Governor's Executive Order to incorporate NIMS into all emergency operations plans. The SERRP utilizes NIMS to create a standard incident management system that is scalable and modular, and can be used in incidents of any size or complexity. Using ICS, the SEOC utilizes the Multi-Agency Coordination System concept to coordinate and direct the State's response to a pandemic influenza incident. In addition, the SERRP incorporates the ICS principle of Unified Command (UC), to further ensure the coordination for incidents involving multiple jurisdictions or agencies at any level of government; including catastrophic events.

The SERRP, in an effort to mirror the NRF, uses a functional approach to group the types of assistance through 15 Emergency Support Functions (ESF), 7 Support Annexes and 6 Incident Annexes (which includes the Pandemic Influenza Annex). In addition, the SERRP complements and incorporates relevant portions of the NRF, State and Local Guide for All-Hazard Emergency Operations Planning (SLG101), State NIMS Integration, and Emergency Management Accreditation Program (EMAP) Standards, to provide a core operational plan for incident management of any State-declared emergency/disaster in response to a request from an overwhelmed jurisdiction(s). The plan establishes and describes state-level coordinating structures, processes, and protocols that will be incorporated into certain State-level interagency incident- or hazard-specific plans.

The State of Arizona was the second state in the nation to become EMAP accredited. ADEM is now spearheading the EMAP re-accreditation process, and is expecting re-accreditation in June of 2009.

ADHS is the lead State agency for the Pandemic Influenza Annex. As lead agency, ADHS and ADEM are responsible to ensure the State of Arizona's Pandemic Influenza Annex is NRF/NIMS compliant. This benchmark was completed in the 2008 update of the SERRP.

The roles and responsibilities established for the Joint Field Office (JFO)/Principal Federal Official (PFO) during a pandemic are a federal responsibility. Reference the United States Department of Homeland Security (U.S. DHS) "Joint Field Office Activation and Operations, Interagency Integrated Standard Operating Procedure", Version 8.3, Interim Approval April 2006.

A JFO may be established in large scale disaster events. This is a temporary Federal/State facility, established locally to provide a central point for Federal, State, Local, and Tribal executives with responsibility for incident oversight, direction, and assistance to effectively coordinate protection, prevention, preparedness, response, and recovery actions. The Federal Coordination Officer (FCO) and the PFO are the lead federal representatives in the JFO. The State Coordinating Officer (SCO) is the lead state representative.

The PFO, FCO and SCO will be supported by personnel as determined by the requirements of the mission. This may include technical subject matter experts and personnel in emergency response, disaster recovery, mitigation, and public information support roles. Once the JFO is fully activated, the SEOC will be stood down as the required SEOC personnel move into the JFO. It is important to note that the JFO is in a support role that ultimately supports front-line Incident Management Teams. This support role is coordinated through state and county emergency operations centers that may also be mobilized to support the mission.

Appendix A.1 Sustain Operations of State Agencies

OPERATING SUB-OBJECTIVE A.1.1: ENSURE CONTINUITY OF GOVERNMENT IN FACE OF SIGNIFICANTLY INCREASED ABSENTEEISM

PREPARE

Potential Employee Absences

Communication materials were established and give guidance to our agencies and employees without creating undue alarm. These materials provide information regarding how agencies may diminish leave and absenteeism strains related to a pandemic, what employee relations issues may arise, how benefits will come into play and resources available to assist employees before, during and after a pandemic.

The Arizona Department of Administration (ADOA) has not calculated potential absences specifically. ADOA has examined leave balances for employees to determine how much paid leave employees would have in the event of an influenza pandemic event.

Current guidance and materials previously distributed to state agencies discusses that up to 40% of the workforce may be affected by the pandemic. These materials also discuss:

- Various options an agency director can take in the event of absenteeism
- Recommend that key employees be identified
- Emergency family planning guidelines and recommendations

Essential Functions and Employees with Unique Credentials

Arizona has begun to implement the Arizona Statewide Business Continuity Plan (BCP)/COOP Software Consolidation Project which addresses essential functions and employees with unique credentials.

The mission of this project is to develop a system that contains up to date business continuity information on all Statewide Critical Business Functions for the State of Arizona, allowing effective resource planning and asset management during an event that impacts the productivity of any (or all) State agencies. This will be an "all hazards" approach with a strong pandemic planning component.

The long-range mission of the project is to have that same system capable of handling agency specific critical application continuity planning, resource and asset management.

The objectives of the project are to develop a three-phased approach that allows business continuity and disaster recovery best practices to be implemented in a manageable pilot, then expanded to manage information for all Arizona State Agencies Boards and Commissions. The Phases will include:

• Phase I – Participating Agencies

o ADE –Arizona Department of Education

- o ADEM –Arizona Division of Emergency Management
- o ADES Arizona Department of Economic Services
- o ADHS Arizona Department of Health Services
- o ADOA Arizona Department of Administration
- o ADOT –Arizona Department of Transportation
- o AHCCCS Arizona Health Care Cost Containment System
- o GITA –Arizona Government Information Technology Agency
- o GOV Arizona Governor's Office

• Phase I – Deliverables

- o Review of Strohl LDRPS 10.0 Enterprise web software for applicability
- o Identification/utilization of process metrics for collaboration between Strohl and the Participating Agencies
- o Identification/utilization of Best Practices as outlined in FEMA COOP templates and Disaster Recovery International guidance document
- o Identification/incorporation of peripheral stakeholders (Insurance Brokers, etc.)
- o Development of scalable training and guidance documents/programs
- Incorporation of Participating Agency BCP/COOP plans into the Strohl LDRPS 10.0 Enterprise application
- Development and testing of hardware and support functions for an Application Service Provider model to be supported by ADOA
- Integrate date feeds into the planning tool (HRIS, Location Codes, Vendors, Contractors)
- o Development of draft cost funding plan for future program Phases
- o Development of Executive and Operational Dashboards to report out critical data metrics to the Governor's Office, ADEM and Directors within each agency
- o Conduct a functional exercise
- o Develop the grant proposal for Phase II

• Phase I – Tentative Timeframe

- o Start December 2007
- o Program Development December 2007 through August 2008
- o Web Application on ADES Network System February 2008
- o Equipment Ordered for Application Service Provider development June 2008
- o Participating Agencies COOP plans loaded into application August 2008
- o All funding issues closed and finalized November 2008
- o Develop grant proposal for Phase II June 2008 (Coordinated with DHS)
- o Functional exercise conducted October 2008
- o Final report November 2008

• Phase II - All other State Agencies with Critical Business Functions

- o ADA Arizona Department of Agriculture
- o ADEQ Arizona Department of Environmental Quality
- o ADJC Arizona Department of Juvenile Corrections
- o ADOC Arizona Department of Corrections
- o ADPS Arizona Department of Public Safety
- o APH Arizona Pioneers' Home
- o ARRA Arizona Radiation Regulatory Agency
- o ASLD Arizona State Land Department

- o ASP Arizona State Parks
- o ASVH Arizona Veteran Home
- o AZGF Arizona Game & Fish
- o AZGS Arizona Geological Survey
- o DOLC Department of Liquor Licensing

• Phase II Deliverables

- Conduct BCP/COOP plan development training
- o Provide software utilization training for all of the agencies in Phase II
- o Provide ongoing consultation (software utilization and program development)
- o Test Application Service Provider Model
- o Integrate all Phase II Agency plans into the enterprise application dashboards
- o Functional exercise conducted
- o Develop the grant proposal for Phase III
- o Other deliverables as required by funding agency

• Phase II Timeframe: - May be adjusted into Phase I

- o Start December 2008
- o Roll out to Phase II Agencies January 2009
- o Program Development December 2008 through November 2009
- o Test/utilize Application Service Provider model January 2009
- o Education and Training for Phase II Agencies Completed February 2009
- All Phase II Agency BCP/COOP Plans completed July 2009
- o Test Dashboard Functionality August 2009
- All funding issues closed and finalized August 2009
- o Develop grant proposal for Phase III August 2009
- o Functional exercise conducted September 2009
- o Final report November 2009

Phase III - Roll out to all Agencies, Boards and Commissions and Phase III Deliverables

- Conduct COOP plan development training
- Provide software utilization training for all Phase III Agencies, Boards and Commissions
- Provide ongoing consultation (software utilization and program development).
 Utilize Application Service Provider program
- o Integrate all Phase III Agency, Boards and Commissions plans into the enterprise application dashboards
- Full State of Arizona Functional exercise conducted

• Phase III Timeframe

- o Start December 2009
- o Utilize Application Service Provider model December 2009
- o Roll out to Phase III Agencies, Boards and Commissions January 2010
- o Program Development December 2009 through November 2010
- Educate and Training for Phase III Agencies, Boards and Commissions Completed – February 2009
- o All Phase III COOP Plans completed July 2010
- o Test Dashboard Functionality August 2010
- o All funding issues closed and finalized August 2010

- o Functional exercise conducted September 2010
- o Final report November 2010

For this project the State of Arizona will be using Strohl Living Disaster Recovery Planning System (LDRPS) 10.0 enterprise planning software http://www.strohlsystems.com/Software/LDRPS/LDRPS10.asp

The State has outlined the essential functions to continue operation. Also, agencies have been provided guidance to review its critical services to the public, how these services will continue in the event of a Pandemic and resources to provide temporary personnel. In addition, the ADOA Human Resources Division has developed a tracking mechanism that would allow the State to track employees and their skills based on a current resume.

Attachment 1 is an example of a Unique Critical Business Function.

3-Deep Back Ups

For the staff that supports the critical business functions, there are 3-deep back ups. The attached file, Human Resources Plan File, depicts a sample Human Resources plan from LDRPS as an example.

Standard Operating Procedures for Essential Functions

Standard Operating Procedures are maintained by the ADOA Human Resources and Information Services Division (ISD) as part of the daily operations and the information technology/data recovery plan. Managers rely on job descriptions to addresses daily activities in other divisions.

Telework Plans

The telework program has been in existence since 1989. The State of Arizona's telework program is very successful and has served as a model and resource for employers internationally for over a decade. Currently 4,375 employees, or more than 20 percent of the State workforce in Maricopa County, are teleworking. Furthering the use of the telework program for the purposes of a pandemic is being reviewed. Issues related to infrastructure capabilities need further study. One pilot is currently being conducted which will be part of future analysis.

The State has over 100 state agencies and some of those agencies have already begun exploring options that would assist them during a pandemic. For example, the Arizona Health Care Cost Containment System (AHCCCS) is creating a fully functional workforce that is not bound to a specific location but is portable and scalable, connecting employees to the work process in the most advantageous setting, rather than employees having to come to a central office to connect to the work process (virtual office).

After the AHCCCS successfully implemented this pilot, Governor Napolitano has directed ADOA to explore expanding the virtual office concept and make a recommendation as to the feasibility of expanding it other agencies. The ADOA determined virtual office is feasible and

could be implemented after a thorough business assessment which is currently underway. A number of steps have been outlined that each agency will need to examine to assess if virtual office is feasible in their organization.

The State of Arizona also offers the following flexible work options: flextime, compressed workweeks, part-time and job share arrangements. Employees work schedules and locations are dependent on the kind of work they do, employment status, and prior management approval.

Changes in Demands on State Agency Services

ADOA is the Landlord and Primary Service Provider for most of the Agencies, Boards and Commissions. ADOA's primary mission is to maintain the facilities and utilities and providing human resources and benefits guidance. The core ADOA functions will remain the primary mission during a pandemic.

Specific Hiring Needs and Needed Hiring Flexibilities

The Human Resources Division began reviewing its Personnel Rules and policies. A delegation of authority is available for implementation at a moment's notice. It delegates employment authority and compensation authority to agency directors during a pandemic, e.g., direct hire, emergency appointment, mobility assignments, counter offers, hiring bonus, administrative adjustments. This delegation provides agency directors the ability to address staff shortages and salary issues quickly. Personnel Rules and polices are being reviewed and possibly modified to provide the ADOA Director authority to implement temporary procedures to provide greater flexibility during a declared state of emergency.

Ancillary Workforce and/or Alternative Staffing Plans

The State of Arizona also has had in place, for a number of years, personnel rules that provide for a contingency workforce. These contingencies have been utilized throughout state government to answer other issues but will provide flexibility during a pandemic. For example, if employees are absent from work, options are available to fill their positions on a temporary basis quickly. Some of these options include:

- temporary appointment
- emergency appointment
- clerical pool appointment
- temporary agencies on contract
- short-term special detail
- transfer
- mobility assignment
- uncovered appointments

Contract Workforce

There are several temporary agencies on contract with the State of Arizona that offer a wide variety of services. These contracts can be reviewed on-line at www.spirit.az.gov and refer to

contract EPS070043 to review the specific vendors and services provided. Agencies are authorized to contact these vendors directly to obtain temporary staff in accordance with the respective contract awards. Human Resources is moving toward using HRIS to identify employee skills that would useful during a pandemic influenza event. The expectation is that state employees might be moved to other agencies to fill in gaps caused by absenteeism.

Relationships with Suppliers, Shippers, and Other Businesses

The ADOA State Procurement Office (SPO) is the central authority for procurement in the State of Arizona. Procurement is managed through the development of policies, training, and agency delegations. ADOA SPO also establishes and administers contracts for state agencies and political subdivisions. These contracts are established from individual requests and focus-group activities with the State agencies and participating members of the Cooperative Purchasing Partnership. The Cooperative Purchasing Partnership includes over 400 colleges and universities, counties, cities, school districts and qualified not-for-profit organizations.

RESPOND AND RECOVER

Implementing Telework and Other Flexible Work Schedules

As stated earlier, the telework program has been in existence since 1989. The State of Arizona's telework program is very successful and has served as a model and resource for employers internationally for over a decade. Currently 4,375 employees, or more than 20 percent of the State workforce in Maricopa County, are teleworking. Furthering the use of the telework program for the purposes of a pandemic is being reviewed. Issues related to infrastructure capabilities need further study. One pilot is currently being conducted which will be part of future analysis.

The State has over 100 state agencies and some of those agencies have already begun exploring options that would assist them during a pandemic. For example, the Arizona Health Care Cost Containment System (AHCCCS) is creating a fully functional workforce that is not bound to a specific location but is portable and scalable, connecting employees to the work process in the most advantageous setting, rather than employees having to come to a central office to connect to the work process (virtual office).

After the AHCCCS successfully implemented this pilot, Governor Napolitano has directed ADOA to explore expanding the virtual office concept and make a recommendation as to the feasibility of expanding it other agencies. The ADOA determined virtual office is feasible and could be implemented after a thorough business assessment which is currently underway. A number of steps have been outlined that each agency will need to examine to assess if virtual office is feasible in their organization.

The State of Arizona also offers the following flexible work options: flextime, compressed workweeks, part-time and job share arrangements. Employees work schedules and locations are dependent on the kind of work they do, employment status, and prior management approval.

Employing Plans for Sufficient Staffing

The State of Arizona also has had in place, for a number of years, personnel rules that provide for a contingency workforce. These contingencies have been utilized throughout state government to answer other issues but will provide flexibility during a pandemic. For example, if employees are absent from work, options are available to fill their positions on a temporary basis quickly. Some of these options include: temporary appointment, emergency appointment, clerical pool appointment, temporary agencies on contract, short-term special detail, transfer, mobility assignment, and uncovered appointments and are described in greater detail below:

Temporary Appointment

Temporary appointment allows an individual to be appointed and work for a maximum of 1500 hours per calendar year. Agencies must request a hiring list and interview 3 people.

Emergency Appointment

Emergency appointment allows an individual to be appointed without regard to the recruitment, evaluation, referral, or selection requirements of the Personnel Rules with the approval of the ADOA Human Resources Director. These appointments cannot exceed 240 hours (pursuant to personnel rule) or 30 working days (pursuant to Arizona Revised Statute 41-783.)

Clerical Pool Appointment

Clerical pool appointment allows an individual from the clerical pool to be hired non-competitively for up to six months by an agency head, the individual may be extended for not more than three months by the central ADOA Staffing Manager.

Temporary Agencies on Contract

Staffmark Pacific, Kelly Services, Corporate Job Bank Temporary Services, and RANDSTAD NA are on contract with the State of Arizona. Agencies are authorized to contact these vendors directly to obtain temporary staff.

Short-Term Special Detail

Short-term special details allow an agency head to assign a permanent status employee, non-competitively, to a short-term special detail for a maximum of six months. The employee placed on a special detail need not fully meet the position qualifications at the time of appointment.

Transfer

Transfer allows an agency head to transfer an employee to a position in the same pay grade, in the same agency, provided the employee possesses the knowledge, skills and abilities required for the position.

Mobility Assignment

A mobility assignment allows a permanent status employee to accept an uncovered position (either in his/her current agency or another agency) or a covered position in another agency for not more than 36 months with the concurrence of the ADOA Director, the employee, the agency in which employed, and the agency to which the employee will be assigned.

Uncovered Appointments

Uncovered appointments allow individuals to be appointed to uncovered positions non-competitively; individual serves at the pleasure of the appointing authority.

Employee Data Collection and Status Reporting

The Human Resources Information System (HRIS) provides employee information based on an agency, classification, or statewide. HRIS can help determine which employees are on leave for a prior pay period. Tracking employees within the pay period or daily will be accomplished by the individual state agencies and will be maintained by agency-specific human resources divisions and internal management.

The HRIS system is being re-engineered and expanded over a two-year period. In addition, HRIS data feeds are being linked to the COOP planning efforts by the agencies.

Utilizing Hiring Flexibilities to Replace Employees

A Delegation of Authority for agency directors was developed and is ready to implement, when needed. It delegates employment authority and compensation authority to agency directors during a pandemic, e.g., direct hire, emergency appointment, mobility assignments, counter offers, hiring bonus, administrative adjustments.

Also, as a contingency, Emergency Worker Classifications were developed [Emergency Worker I (NE) and 2 (Excluded)]; each classification has a broadband salary range to accommodate a variety of skill sets. These classifications provide great flexibility in agencies determining what types of employees they need and the appropriate salary.

Implementing Employee-Labor Relations Plan

The majority of state employees are not represented by labor unions. Those employees represented by a labor union must make determinations regarding how a pandemic influenza emergency will impact the collective bargaining agreement. The State does not have any collective bargaining agreements for any state employees.

Monitoring the Effectiveness and Consistency of HR Flexibilities

The HRIS provides turnover data and vacancy reporting. All contingencies must be operated utilizing the existing personnel rules which provides for consistency while offering flexibility.

OPERATING SUB-OBJECTIVE A.1.2: ASSIST EMPLOYEES OF STATE AGENCIES UNABLE TO WORK FOR A SIGNIFICANT PERIOD OF TIME

PREPARE

Assessing Flexible Work Schedules

Agency directors have been encouraged to begin identifying the essential functions which may be performed remotely, identifying equipment needs, connectivity issues and necessary telework agreements. They have also been educated regarding social distancing practices and the benefits of social distancing during a pandemic influenza event.

Agency directors received the pandemic planning question and answer materials along with a cover memo from the ADOA Director encouraging them to plan now. The Q & A specifically addresses flexible work schedules and telework. Additionally, flexible work schedules and other human resources issues are addressed in ADOA business continuity planning and among the Governor's Emergency Preparedness Oversight Council. ADOA hosted a pandemic preparedness training class to approximately 80 human resources managers throughout state government.

Policies and Guidance on Leave and Benefits

The State's personnel rules dictate leave administration made available to employees. These rules have been in place and are accessible through the Secretary of State as well as the Human Resources Division and state agency personnel offices. Also, the Human Resources Division produces policies regarding leave administration. In addition, specific pandemic training was conducted to further educate agency human resources management regarding these issues as well as a publication to agency management.

Managers and Supervisors Awareness of Leave Options

Educational materials were published and distributed to all state agency directors for distribution to agency management. In addition, the materials were posted to the Human Resources Division website and a training session conducted to make HR management at all agencies aware of leave options. Educational materials that were distributed include two sets of FAQs titled "Preparing for a Pandemic – Agency Directors" and "Preparing for a Pandemic – State Employees". These documents can be found on ADOA's website at:

http://www.hr.state.az.us/Homepagelinks/News 030907.htm.

Procurement Staff and Plans for Contract Workforce

The State of Arizona also has had in place, for a number of years, personnel rules that provide for a contingency workforce. These contingencies have been utilized throughout state government to answer other issues but will provide flexibility during a pandemic. These measures include:

Temporary Appointment

Temporary appointment allows an individual to be appointed and work for a maximum of 1500 hours per calendar year. Agencies must request a hiring list and interview 3 people.

Emergency Appointment

Emergency appointment allows an individual to be appointed without regard to the recruitment, evaluation, referral, or selection requirements of the Personnel Rules with the approval of the ADOA Human Resources Director. These appointments cannot exceed 240 hours (pursuant to personnel rule) or 30 working days (pursuant to Arizona Revised Statute 41-783.)

Clerical Pool Appointment

Clerical pool appointment allows an individual from the clerical pool to be hired non-competitively for up to six months by an agency head, the individual may be extended for not more than three months by the central ADOA Staffing Manager.

Temporary Agencies on Contract

Staffmark Pacific, Kelly Services, Corporate Job Bank Temporary Services, and RANDSTAD NA are on contract with the State of Arizona. Agencies are authorized to contact these vendors directly to obtain temporary staff.

Short-Term Special Detail

Short-term special details allow an agency head to assign a permanent status employee, non-competitively, to a short-term special detail for a maximum of six months. The employee placed on a special detail need not fully meet the position qualifications at the time of appointment.

Transfer

Transfer allows an agency head to transfer an employee to a position in the same pay grade, in the same agency, provided the employee possesses the knowledge, skills and abilities required for the position.

Mobility Assignment

A mobility assignment allows a permanent status employee to accept an uncovered position (either in his/her current agency or another agency) or a covered position in another agency for not more than 36 months with the concurrence of the ADOA Director, the employee, the agency in which employed, and the agency to which the employee will be assigned.

Uncovered Appointments

Uncovered appointments allow individuals to be appointed to uncovered positions non-competitively; individual serves at the pleasure of the appointing authority.

Another contingency is the development of Emergency Worker Classifications [Emergency Worker I (NE) and 2 (Excluded)]; each classification has a broadband salary range to accommodate a variety of skill sets.

RESPOND AND RECOVER

Implementing Telework and Other Flexible Work Schedules

The telework program has been in existence since 1989. The State of Arizona's telework program is very successful and has served as a model and resource for employers internationally for over a decade. Currently 4,375 employees, or more than 20 percent of the State workforce in Maricopa County, are teleworking. Furthering the use of the telework program for the purposes of a pandemic is being reviewed. Issues related to infrastructure capabilities need further study. One pilot is currently being conducted which will be part of future analysis.

The State has over 100 state agencies and some of those agencies have already begun exploring options that would assist them during a pandemic. For example, the Arizona Health Care Cost Containment System (AHCCCS) is creating a fully functional workforce that is not bound to a specific location but is portable and scalable, connecting employees to the work process in the most advantageous setting, rather than employees having to come to a central office to connect to the work process (virtual office).

After the AHCCCS successfully implemented this pilot, Governor Napolitano has directed ADOA to explore expanding the virtual office concept and make a recommendation as to the feasibility of expanding it other agencies. The ADOA determined virtual office is feasible and could be implemented after a thorough business assessment which is currently underway. A number of steps have been outlined that each agency will need to examine to assess if virtual office is feasible in their organization.

The State of Arizona also offers the following flexible work options: flextime, compressed workweeks, part-time and job share arrangements. Employees work schedules and locations are dependent on the kind of work they do, employment status, and prior management approval.

Implementing Special Policies

Delegation of Authority for agency directors is ready to implement, when needed. It delegates employment authority and compensation authority to agency directors during a pandemic (e.g., direct hire, emergency appointment, mobility assignments, counter offers, hiring bonus, and administrative adjustments).

Another contingency is the development of Emergency Worker Classifications [Emergency Worker I (NE) and 2 (Excluded)]; each classification has a broadband salary range to accommodate a variety of skill sets.

<u>OPERATING SUB-OBJECTIVE A.1.3: COMMUNICATE WITH EMPLOYEES OF STATE</u> AGENCIES

PREPARE

Communications Plan for Managers, Employees, and Contractors

Communication materials were established and give guidance to our agencies and employees without creating undue alarm. Specifically, these materials provide agencies and employees with information regarding pandemic influenza and:

- issues that may arise depending on its severity
- how agencies may diminish leave and absenteeism strains related to a pandemic
- what employee relations issues may arise
- how benefits will come into play
- resources available to assist employees before, during and after a pandemic

These materials were reviewed and approved by the Arizona Department of Health Services and legal counsel. Based on these materials a training workshop was conducted for approximately 80 state agency human resources staff, and the information is also posted to the Human Resources Division website.

Convey Information to All Employees

Communication materials educating the State workforce have been prepared. These materials are posted to the Human Resources Division website and updated as needed. Agency directors are also encouraged to develop educational materials for agency employees, distribute communication materials, and encourage employees to prepare now utilizing various tools and web sites directly related to family preparedness for a pandemic influenza. These documents can be fund at: http://www.hr.state.az.us/Homepagelinks/News_030907.htm

Disseminate Reliable Pandemic Information

In addition to the communication materials mentioned, employees will also be advised to go through the Human Resources Division's Work-Life Web Page regarding www.az211.gov. It is the source for the state's local emergency bulletins and alerts, vital in times of emergency. This will be another communication mechanism to share information to state employees regarding the pandemic influenza event.

The Just in Case Arizona campaign's goal is to educate Arizonans about the importance of emergency preparedness and encourage residents to take action. The Arizona Department of Health Services is working with local public health agencies, schools, community groups, and businesses across the state to raise awareness to ensure we are all better prepared for an

emergency. Community business partnership support and grassroots marketing will be used to build awareness of the campaign and encourage Arizonans to take action and be prepared.

RESPOND AND RECOVER

Updating Employees on Current Pandemic Information and HR Policies

For the Capitol Mall area, ADOA has developed Incident Management Procedures that identify what is expected of Agency Directors, employees and what can be expected from Emergency Responders. The document is attached as "CP Incident Management Procedures." This document also identifies the emergency notification system as well as protocols to evacuate buildings and the Capitol Mall.

Employees will be able to utilize <u>www.az211.gov</u>. It is the source for the state's local emergency bulletins and alerts, vital in times of emergency.

OPERATING SUB-OBJECTIVE A.1.4: CONSULT WITH BARGAINING UNITS

PREPARE

Consult with Bargaining Units to Leave and Telework Issues

The majority of state employees are not represented by labor unions. Those employees represented by a labor union must make determinations regarding how a pandemic influenza emergency will impact the collective bargaining agreement. The State does not have any collective bargaining agreements for any state employees.

RESPOND AND RECOVER

Implementing Employee-Labor Relations Plan

The majority of state employees are not represented by labor unions. Those employees represented by a labor union must make determinations regarding how a pandemic influenza

emergency will impact the collective bargaining agreement. The State does not have any collective bargaining agreements for any state employees.

OPERATING SUB-OBJECTIVE A.1.5: MAKE STATE AGENCY WORKPLACES SAFE PLACES

PREPARE

Practices Established to Prevent Influenza Spread

Communication materials encourage agency directors to begin identifying the essential functions which may be performed remotely,



identifying equipment needs, connectivity issues and necessary telework agreements. The materials also educate agency directors regarding social distancing practices and the benefits of social distancing during a pandemic influenza.

Another resource available to state employees is the State's Wellness Program which offers various programs, provides educational materials regarding preventive measures and provides an annual flu vaccine program. The flu vaccine program is a great success. Through November 30, 2006, 13,171 state employees and benefit members received the vaccine. This is an increase of 3,273 vaccines over 2005 and the most vaccines distributed in the program's history.

The Arizona Department of Health Services has also implemented the Cover Your Cough campaign which emphasizes general hand hygiene and cough and sneezing etiquette.



Occupational Exposure Risk Assessment

Each state agency is responsible for conducting its own occupational risk assessment for each job category and for complying with OSHA guidelines. However, ADHS has developed guidance documents that comply with 29 Code of Federal Regulations (CFR) 1910, OSHA pandemic influenza guidance, and other existing OSHA requirements. The "All Hazards Job Assessment and Personal Protective Equipment Selection" form and instructions were modified to include provisions to protect against the influenza pandemic influenza. The form is accompanied by directions on how to complete the form, explanation of how to classify the employee exposure to pandemic influenza at work (based on the Occupational Risk Pyramid for Pandemic Influenza), CDC Precautions, and a reference to the General Duty Clause.

The OSHA Pandemic Risk Assessment will be included in the production version of the State of Arizona COOP Planning software. It will be included in the Risk Assessment prior to developing the COOP plan within the agency. Agencies will be encouraged to do a risk assessment on staff that support the Essential Business Functions within the agency.

Very High, High, or Medium Risk Categories Protection Plan

Each state agency is responsible for conducting its own occupational risk assessment for each job category and then developing plans to protect those employees in the very high, high, or medium risk categories. This includes stockpiling their own PPE, if necessary. ADHS has established a respiratory protection program and maintains guidance on the use of a half face respirator versus and N95 mask for healthcare workers and other very high or high risk categories.

RESPOND AND RECOVER

Implementing Infection Control Policies and Practices

As stated earlier, infection control guidance and materials have been distributed to state agencies and are accessible through the ADOA Wellness program website.

Implementing Protection Plan Including Provision of PPE

As stated earlier, each state agency is responsible for implementing protection plans for those employees who are in the very high, high, or medium risk categories.

Distributing Antiviral Drugs

In the pandemic alert periods, ADHS will establish a Vaccine and Antiviral Prioritization Policy Committee (VAPPC) composed of:

- o Representative(s) from the Governor's office
- o State Epidemiologist
- o State physician(s)
- o ADHS influenza epidemiologist
- o Office of Infectious Disease Services office chief
- o ADHS administrator(s)
- o Arizona Immunization Program Office (AIPO) representative
- o Arizona Local Health Officers Association representative
- o Arizona Medical Association representative
- o Hospital Association representative
- o Arizona Emergency Medical Service representative
- o Arizona Pharmacy Alliance representative
- o Long-term care representative

The VAPPC will define how these priority groups will apply on a local level, and will define who should be included in the groups of public safety workers, essential service providers, and key governmental decision makers. During an influenza pandemic, the VAPPC will modify these priority groups as needed based on the availability of antiviral medicines and vaccine, the characteristics of the causative virus (e.g., drug susceptibilities, initial geographic distribution, fatality rate, age-specific morbidity and mortality rates) and the effectiveness of implemented strategies. The VAPPC is identified in Appendix #6 and #7 in the Arizona Pandemic Influenza Response Plan.

OPERATING SUB-OBJECTIVE A.1.6: REVISE HUMAN RESOURCE AND OTHER WORKPLACE POLICIES AFFECTING THE SAFETY OF STATE GOVERNMENT WORKERS

PREPARE

Policies Established for Employee Compensation and Sick-Leave Absences Unique to a Pandemic

There are no statutes or policies establishing special types of leave in case of an influenza pandemic. All currently available forms of leave may be considered in the event of an influenza pandemic. Further information is available in the Personnel Rules covering the following types of leave:

- Sick leave
- Family sick leave (40 hours to care for child, spouse or parent)
- Annual leave
- Compensatory leave
- Donated annual leave
- Leave without pay
- Medical leave without pay

NOTE: Depending on the circumstances, leave taken due to the flu may qualify as Family and Medical Leave Act leave. Each leave category mentioned above has an associated personnel rule. The appropriate personnel rule provides further information regarding each leave category or agency human resources office.

Also, agency directors have the authority under Personnel Rule Arizona Administrative Code (AAC) R2-5-409 to authorize an employee to be absent with pay on administrative leave in emergency situations such as malfunction of publicly-owned or controlled equipment and may authorize employees to work from home, if employees' positions allow them to accomplish work from home.

Return to Work Guidelines and Authority to Make Return to Work Determination

The majority of large agencies have return to work policies. Authority to develop such policy lies with the state agency director. Agency directors will be encouraged to follow the guidance from ADHS and/or CDC regarding return to work determinations.

Policies for Restricting Travel

Policies for restricting travel exist and are utilized at the discretion of the Director of each state agency. ADOA will provide guidance during a pandemic on how and when to restrict travel based on travel advisories and restricted travel recommendations from CDC and ADHS.

Insurers, Health Plans, and Local Healthcare Facilities for Government Employee Access to Healthcare Services

The ADOA Benefits Services Division maintains an extensive website dedicated to state employees and their access to insurance, health plans, and healthcare facility information. Information provided includes directories, FAQs, and other eligibility information for medical, dental, and vision coverage, life insurance, flexible spending, and disability. Please see the Benefits Services Division website at http://benefitoptions.az.gov/

Government Employee Access to Mental Health and Social Services

Access to government employee services such as mental health and other employee social services can be found at http://benefitoptions.az.gov/wellness/eap.asp.

RESPOND AND RECOVER

Implementing Policies Assisting Employees to Stay at Home When Sick

Through communication materials, employees are educated that if they do not have enough leave to cover influenza pandemic-related absences, that they should remain home until completely well before returning to work. The materials encourage employees to educate themselves regarding the potential risks of an influenza pandemic and how to prepare--now. In addition, employees received information regarding other social services available to them in time of emergency.

Implementing Return to Work Policies

The majority of large state agencies have return to work policies in place. Authority to develop such policy lies with the state agency director. Agency directors will be encouraged to follow the guidance from ADHS and/or CDC regarding return to work determinations.

Implementing Travel Policies

Policies for restricting travel exist and are utilized at the discretion of the Director of each state agency. ADOA will provide guidance during a pandemic on how and when to restrict travel based on travel advisories and restricted travel recommendations from CDC and ADHS.

Implementing Mental Health and Social Services Programs

The ADHS Division of Behavioral Health Services (DBHS) supports the needs of first responders and state employees who will respond to a disaster. These individuals may participate in the Critical Incident Stress Management (CISM) training offered by DBHS. First responders and state employees are also given information on how to obtain ongoing behavioral health services when needed. Additionally, state employees are given information and resource materials to assist them in caring for themselves during times of extreme stress. Employee Assistance Programs (EAP) are available for state employees. The EAP provides free,

confidential, short-term counseling to help identify concerns. When needed, the EAP may refer employees to outside programs that can assist them and their dependents.

Testing and Exercising Continuity of Government Plans

Telework Plans

Telework plans are tested as a result of requiring each state employee to complete a self-assessment survey for teleworking. Details regarding this program can be found at http://teleworkarizona.com/mainfiles/employee/employee.htm.

The self-assessment survey can be found at: http://teleworkarizona.com/mainfiles/employee/eselfassessment.asp.

Each state employee is also required to develop a telework agreement. The employee must complete a remote access request form (attached as file ADOA Remote Access Request Form May 2008) that includes the standards for implementation and testing attached.

Telework performance is monitored by the supervisor. There is not a formal telework measurement. If the telework agreement is in place, the employee has the hardware/software to work remotely, and the work output is satisfactory, then the employee is in compliance with his or her telework agreement.

Testing Communications – TOPOFF IV

The Communicator! NXT program is an alert notification system used by ADOA, ADEM, and other state agencies. The Communicator! NXT program uses at T1 (24 lines) to call several people at one time. The program customizes messages, is activated by the phone or intranet, logs staff responses to prompts, and provides for an offsite database back up. The Communicator! NXT program has been tested in several ways including:

- Activating the SEOC
- Recalling Staff
- Employee Roll Call/Accountability
- Wellness Checks
- Emergency/Routine Staffing

The Communicator system was tested during the Top Official (TOPOFF) IV exercise in October 2007. ADEM sent out an activation notification via the Communicator. The agencies were notified via telephone, email or cell and asked to report to the SEOC included:

- Department of Emergency and Military Affairs
- American Red Cross
- Arizona Corporation Commission
- Arizona Department of Administration
- Arizona Department of Agriculture
- Arizona Department of Corrections
- Arizona Department of Commerce

- Arizona Department of Economic Security
- Arizona Department of Environmental Quality
- Arizona Department of Health Services
- Arizona Department of Public Safety
- Arizona Department of Transportation
- Arizona Department of Water Resources
- Arizona Radiation Regulatory Agency
- National Weather Service
- Salvation Army

The agencies that were activated filled the positions in Policy, Planning, Operations, and Logistics. The various agencies were able to cover all 15 ESFs. The other agencies that were notified via the communicator that a hazardous event occurred included:

- Governor's Office
- Governor's Cabinet Directors
- Arizona Department of Homeland Security
- All 15 County Emergency Managers
- Arizona Department of Military Affairs

Upcoming Continuity of Government Exercises

As part of the Phase I implementation plan for Arizona BCP/COOP planning, ADOA and other participating state agencies will conduct a functional exercise. This exercise is tentatively planned for October 2008.

Attachment 1. Example of a Unique Critical Business Function

		Agency Critical Business Function Driver Analysis	-	-	-	-	-		
SERRP ESF # (Emergency Support Function)	Agency Name	Definition of Critical Business Functions: functions which have a direct and immediate affect on the general public in terms of the loss of life safety, loss of property, and/or the ability of government to maintain direction. It is assumed that the CBF response window involved will be 30 day of less.	Life Safety Driven FTE Req	Property Driven FTE Req	SERRP Driven FTE Req	Pandemic Driven FTE Req	Key Agency Dependency	CBF Content Contact	CBF Description and Barriers Identification
Communications #2	Administration	Telecommunications - AzNet			*25	*25		Mike Totherow 602- 542-2888	* Contract - All Telephone/Internet access for State Agenies, Boards & Commissions
Terrorism Incident Appendix #2	Administration	Mission Critical Business Systems - ADOA & Other Agencies			75	75	AzNet	PatrickQuain 602- 542-2899	Critical Business Functions for State Agencies, Boards & Commissions
Recovery Annex	Administration	Building Systems Management - Maintenance	5	5	5	5		Lynne Smith 602- 542-1701	Maintain State Buildings Utilities, Infrastructure & Security
Financial Management (FM)	Administration	Financial Services	25	25	25	25	OST	Clark Partridge 602-542-5405	Produces Payroll and High Priority Vendor Warrents for State Agencies, Boards & Commissions
Occupational Health & Safety (SH)	Administration	Human Resources Services			22	22		Kathy Peckardt 602-542-8378	Provides Human Resource Benefits to State Agencies, Boards & Commissions
Occupational Health & Safety (SH)	Administration	Risk Management - Workers' Compensation	0	0	20	20		Ray DiCiccio 602- 542-1791	Provides Worker's Compensation Benefits to injured workers
Law Enforcement #13	Administration	Capitol Police Emergency Response (Sworn Officers)	58	58	58	58	DPS Phoenix PD	Andy Staubitz 602- 364-0399	Law Enforcement & Security on the Capitol Mall/Tucson Complex

Appendix A.2 Ensure Public Health COOP during Each Phase of a Pandemic

OPERATING SUB-OBJECTIVE A.2.1: MAINTAIN ESSENTIAL PUBLIC HEALTH FUNCTIONS

RESPOND AND RECOVER

Defining and Identifying Essential Services and Functions

Arizona Department of Health Services (ADHS) has identified critical business activities that must be operational within 24 hours of the occurrence of an emergency event. These critical services have a direct and immediate effect on the general public in terms of the loss of life, personal injury, loss of property, and/or the ability of government to maintain direction and control. They are:

- Operating the Public Health Incident Management System (PHIMS) Emergency Response ADHS must provide an external response to public health emergencies and disasters. This system coordinates agency-wide resources to respond externally to emergencies that have a clear public health consequence. The State of Arizona Emergency Response and Recovery Plan (Arizona Executive Order No. 2004-05) names ADHS as a lead agency for Health and Medical Services and Bioterrorism Incidents and charges the agency with (1) Providing coordinated assistance to county, local, and tribal governments in response to health and medical care needs during and following an emergency, disaster, or terrorism incident. Resources will be furnished when county and local resources are overwhelmed and when public health and/or medial assistance is requested from the State of Arizona; (2) Assuring continuance of medical care services and the availability of medical supplies to the impacted areas; and (3) Providing for emergency medical treatment of disaster mass casualties.
- Operating the Behavioral Health Incident Management System Emergency Response
 ADHS must provide an external response to emergencies and disasters that have a behavioral
 health impact. The State of Arizona Emergency Response and Recovery Plan (Arizona
 Executive Order No. 2004-05) names ADHS as a lead agency for behavioral health and
 charges the agency with (1) Coordinating behavioral health emergency/disaster response
 activities among state, county, private and volunteer behavioral health service agencies; (2)
 Assessing behavioral health needs of first responders, their families, victims, survivors,
 families, and caregivers; and (3) Coordinating the provision of public behavioral health
 education on incident stress management and acute and chronic stress.
- Maintaining Arizona State Laboratory critical functions
 ADHS must ensure (1) Facility security in order to contain and protect bio-hazardous materials; (2) Capability to continue to provide critical laboratory services for analysis of bio-hazardous and chemical materials; and (3) Capability to continue to provide critical laboratory services for newborn screening.
- Operating the Public Health Death Registry
 ADHS must (1) Issue Disposition Transit Permits required for transport of bodies and burial;
 and (2) Track number and causes of death in the event of an emergency.

- <u>Issuing Birth Certificates to disaster victims or survivors</u>
 ADHS must assist persons displaced due to an emergency with birth certificates or birth records necessary to establish identity and receive services.
- Maintaining Critical Arizona State Hospital services (Security, Health, Food)
 ADHS must ensure that patients are properly cared for and that patients are not released into the general population. ADHS must ensure that (1) Patient/Client Population is housed in a secure facility; (2) Psychiatric and medical care is provided to adult patient population; (3) Psychiatric and medical care is provided to adolescent patient population; and (4) Basic needs for security, food, water, bedding, clothing, sanitation, and medical attention are met.
- Providing Behavioral Health Services to Arizona Seriously Mentally Ill (SMI) Population
 ADHS must ensure the continuation of Behavioral Health Services to over 18,000 seriously
 mentally ill persons. In addition, ADHS must ensure the continuation of the statewide crisis
 system (including crisis phones, mobile teams, inpatient psychiatric and detoxification
 facilities) operating 7-days-a-week to serve the general public

Determining Temporary Suspension of Essential and Non-Essential Services and Functions

ADHS has identified seven critical business activities that must be operational within 24 hours of the occurrence of an emergency event. These critical services have a direct and immediate affect on the general public in terms of the loss of life, personal injury, loss of property, and/or the ability of government to maintain direction and control. They are:

- 1. Operation of the Arizona State Hospital;
- 2. Provision of behavioral health services to Arizona's seriously mentally ill persons;
- 3. Operation of the Public Health Incident Management System (PHIMS) that provides external response to public health emergencies and disasters;
- 4. Operation of the Arizona State Laboratory;
- 5. Operation of the Behavioral Health Incident Management System (BHIMS) that provides external response to emergencies and disasters that have a behavioral health impact;
- 6. Operation of the Public Health Death Registry; and
- 7. Issuance of birth certificates to disaster victims or survivors.

ADHS has also identified essential and administrative business activities that can remain inactive for 30 days or more if necessary such as Public Health Prevention, Licensing and EMS and the administrative business activities that directly support the critical business activities and, therefore, must be operational within 24 hours to 30 days of the occurrence of an emergency event.

Sustaining Essential Services and Functions Due to Work Force Reduction, Facility Limitations, and Social Distancing Policies

Arizona's comprehensive statewide Business Continuity Planning (BCP) program recognizes the need to ensure an adequate workforce during a major emergency event such as a pandemic influenza outbreak. In constructing the ADHS continuity of operations ADHS assumed a workforce reduction of up to 40%. Similarly, from a statewide perspective, the Arizona Business Continuity Program recognizes the need for workforce planning in the event of a

pandemic influenza outbreak that may reduce the Arizona state government workforce by 40% or more. Recognizing the reality of workforce reduction of up to or over 40%, the Arizona Business Continuity Plan is prepared to deploy non-critical personnel from pre-identified Arizona state agencies to assist in responding to public health emergencies and disasters and maintaining public health continuity of operations. Similarly, the Arizona Continuity Planning program and ADHS' BCP address the need for broad based social distancing.

The Arizona Governor's Office is coordinating these workforce strategies through key state agencies including ADHS, Arizona Department of Administration (ADOA), the Arizona Department of Agriculture (ADOA), and the Arizona Department of Game and Fish. These strategic efforts focus on preparing Arizona state agencies for the impact of an influenza pandemic on their agency, employees, and customers. The Arizona Influenza Pandemic Response Plan (www.azdhs.gov/pandemicflu) identifies specific roles and responsibilities and actions necessary to take during a pandemic for response to the public health emergencies. While not all state agencies may be involved in the public health emergency response, all state agencies would be affected by a pandemic. Checklists and informational materials have been designed by ADHS and ADOA to provide guidance to state agencies regarding pandemic preparedness. These address telework programs, use remote locations, and infection control safeguards. Examples include:

- Having employees use telework options (all Arizona state agencies are required to have at least 20% of their workforce actively engaged in a telework program.) These include use of alternate worksites, working from home, and flexible work hours (e.g. staggered shifts).
- Reducing frequency and type of face-to-face contact (e.g. hand-shaking, seating in meetings, office layout, shared workstations) among employees and between employees and customers; and use of telephone or web based video conferencing instead of face-to-face meetings.
- Restricting travel to affected geographic areas, based on ADHS and CDC recommendations.
- Evacuating employees working in or near an affected area when an outbreak begins, and guidance for employees returning from affected areas.
- Encouraging annual influenza vaccination for all agency employees,
- Evaluating current status of employee's access to healthcare services, and improve access to information about employee benefits as needed,
- Establishing policies for employee compensation and sick-leave absences unique to a pandemic (e.g. non-punitive, liberal leave), including policies on when a previously ill person is no longer infectious and can return to work after illness
- Establishing policies for preventing influenza spread at the worksite (e.g. promoting respiratory hygiene/cough etiquette, and prompt exclusion of people with influenza symptoms).
- Establishing policies for employees who have been exposed to pandemic influenza, are suspected to be ill, or become ill at the worksite (e.g. infection control response, immediate mandatory sick leave).

Ensuring Appropriate Level of Essential Functions Staffing

This list provides a summary list of those responsible and authorized for actions taken during a declared disaster, including those that will communicate with the media. This list includes Team

Leaders responsible for restoring processes but does not include other team members or contacts.

Table 1. ADHS Essential Functions Staffing

Name	Responsibility/ Authorization	Home Phone*	Work Phone*
BCP Agency Administrator		r none.	
Susan Gerard	PrimaryDeclare an		
Susan Gerard	Agency Disaster and		
	activate the BCP		
Dr. Laura Nelson	SecondaryDeclare and		
Di. Laura ivelson	Agency Disaster and		
	activate the BCP		
Janet Mullen	AlternateDeclare and		
sunct whiten	Agency Disaster and		
	activate the BCP		
BCP (EOC or Area) Comm			
Dr. Laura Nelson	PrimaryManage Response		
(If designated by the	Activities to the Incident		
Agency Administrator)			
Janet Mullen (If designated	Secondary Manage		
by the Agency	Response Activities to the		
Administrator)	Incident		
Other as designated by the	Alternate Manage		
Agency Administrator	Response Activities to the		
	Incident		
Information Officer			
Michael Murphy	PrimaryMedia Spokes		
(If designated by the BCP	Person and 211 Coordinator		
Commander)			
Janey Pearl (If designated	SecondaryMedia Spokes		
by the BCP Commander)	Person and 211 Coordinator		
Pete Wertheim	AlternateMedia Spokes		
(If designated by the BCP	Person and 211 Coordinator		
Commander)			
Other as designated by the	AlternateMedia Spokes		
BCP Commander	Person and 211 Coordinator		
Government Affairs Liaison	n Officer		
Pete Wertheim	PrimaryGovernment		
(If designated by the BCP	Agency Interface and		
Commander)	Coordinator		
Mike Fronske	SecondaryGovernment		
(If designated by the BCP	Agency Interface and		
Commander)	Coordinator		
Will Humble	AlternateGovernment		

(If designated by the BCP	Agency Interface and		
Commander)	Coordinator		
Other as designated by the	AlternateGovernment		
BCP Commander	Agency Interface and		
	Coordinator		
Safety Officer		T	
Yvonne Harbaugh	PrimaryPersonnel and		
(If designated by the BCP	Facility Safety Interface and		
Commander)	Coordinator		
Fernando Ortega	SecondaryPersonnel and		
(If designated by the BCP	Facility Safety Interface and		
Commander)	Coordinator		
Other as designated by the	AlternatePersonnel and		
BCP Commander	Facility Safety Interface and		
	Coordinator		
Operations Section Chief	To: 5:	Γ	
Individual as designated by	Primary Direct the		
the BCP Commander	management and execution		
	of all tactical response and		
	recovery functions		
Planning Section Chief	T	T	
Individual as designated by	PrimaryDirect the		
the BCP Commander	planning activities required		
	for response and recovery		
	functions		
Logistics Section Chief	In: Division	T	
Individual as designated by	PrimaryDirect the		
the BCP Commander	logistical support and		
	service activities required		
	for response and recovery		
	functions.		
Finance/Administration Sec		T	
Jim Humble	PrimaryDirect the		
If designated by the BCP	financial and administrative		
Commander	support and service		
	activities required for		
	response and recovery		
A	functions.	/: D :	A 40 04 T 0 T 4
_	ical, Essential, & Administra	tive Business A	Activity Incident
Commander	D: D: 44 C:4		
John Cooper	PrimaryDirect the State		
(If designated by the BCP	Hospital activities required		
Commander)	for recovery of critical		
	functions, and		
	PrimaryDirect the		
	activities required for		

			1
	activation and execution of		
	the State Hospitals BCP		
Donna Noriega	SecondaryDirect the State		
(If designated by the BCP	Hospital activities required		
Commander)	for recovery of critical		
	functions, and		
	PrimaryDirect the		
	activities required for		
	activation and execution of		
	the State Hospitals BCP		
Other as designated by the	PrimaryDirect the State		
BCP Commander	Hospital activities required		
	for recovery of critical		
	functions, and		
	PrimaryDirect the		
	activities required for		
	activation and execution of		
	the State Hospitals BCP		
Public Health Incident Mar	nagement System Critical Bus	siness Activity	
Will Humble	PrimaryDirect the PHS		
(If designated by the	Emergency Preparedness		
Incident Commander)	and Response activities		
,	required for recovery of		
	critical functions		
Don Herrington	SecondaryDirect the PHS		
(If designated by the	Emergency Preparedness		
Incident Commander)	and Response activities		
,	required for recovery of		
	critical functions		
	•11120W1 101110 V101110		
Other as designated by the	PrimaryDirect the PHS		
Incident Commander	Emergency Preparedness		
	and Response activities		
	required for recovery of		
	critical functions		
Arizona State Laboratory	Critical Business Activity	ı	
Victor Waddell	PrimaryDirect the State		
(If designated by the	Laboratory activities		
Incident Commander)	required for recovery of		
	critical functions		
William Slanta	SecondaryDirect the State		
(If designated by the	Laboratory activities		
Incident Commander)	required for recovery of		
moracii Communaci)	critical functions		
Other as designated by the	PrimaryDirect the State		
Incident Commander	Laboratory activities		
meracii Commanaci	Laboratory activities	1	l .

	required for recovery of		
	required for recovery of		
	critical functions		
	ry Critical Business Activity	T	_
Richard Porter	PrimaryDirect the PHS		
(If designated by the	Death Registry activities		
Incident Commander)	required for recovery of		
·	critical functions		
Pat Adams	SecondaryDirect the PHS		
(If designated by the	Death Registry activities		
Incident Commander)	required for recovery of		
,	critical functions		
Other as designated by the	PrimaryDirect the PHS		
Incident Commander	Death Registry activities		
	required for recovery of		
	critical functions		
Essenti	al and Administrative Busine	ess Activities	
Individual as designated by	PrimaryDirect the		
the Incident Commander	activities required for		
	response and recovery of		
	essential and administrative		
	functions at the Division of		
	Behavioral Health Services,		
	Division of Licensing		
	Services, Division of Public		
	Health Services, and		
	Director's Office		

^{*}All phone numbers (work, home, work cell, and personal cell) are maintained by the ADHS Bureau of Emergency Preparedness and Response (BEPR). Please contact the ADHS BEPR Bureau Chief for more information.

Initiating Signed Contractor Agreements

The Department has agreements in place to maintain essential services at the State Laboratory, State Hospital, and Behavioral Health. There are also several agreements in place to support the Information Technology Disaster Recovery Plan.

The ADHS maintains detailed information on and listings of organizational dependencies and resource reliances. This includes contractors, suppliers, shippers, other state agencies, and other businesses that support public health continuity of operations. It should also be noted that ADHS has an independent, stand alone asset management and warehouse operation that is capable of locating, dispatching, and/or supplying essential items (including food and water, office supplies, equipment, vehicles) to support public health continuity of operations.

OPERATING SUB-OBJECTIVE A.2.2: PRE-IDENTIFY PERSONNEL, EQUIPMENT AND RESOURCES TO SUPPORT SUSTAINED RESPONSE/SURVIVABILITY AND RECOVERY

RESPOND AND RECOVER

Identifying Positions, Skills, and Personnel Needed to Continue Essential Services and Functions

ADHS uses an Incident Management System modeled after the National Incident Management System (NIMS) to address and respond to emergency events. The Incident Management System (IMS) uses a standard, on-scene, all-hazards approach, which is designed to enable effective and efficient incident management by integrating a combination of facilities, equipment, personnel, procedures, and communications operating within a common organizational structure. The key component incorporated into the ADHS BCP is the Incident Command System (ICS). The ICS is a flexible model that allows ADHS to scale its efforts and apply the parts of the ICS structure that best meet the demands of the incident. This structure is in place but inactivated during normal day-to-day operations. The ICS includes a command function, operations function a planning function, a logistics function, and a finance/administration function. The ICS can expand and contract depending upon the severity and nature of the incident.

The authority and responsibility of key staff positions and lines of succession are identified in the ICS and in the Response and Recovery Team information. Although all ADHS employees receive BCP training, ADHS has identified approximately 250 ADHS employees who may be called upon to assume a leadership or key role in the response to an emergency incident. For these individuals additional BCP training and ICS training is mandatory.

The core functional roles required to maintain public health continuity of operations are preidentified within the Incident Command System are as follows:

Table 2. Core Functional Roles to Maintain Public Health Continuity of Operations

Core Function	Responsible Party
Assessment of Health/Medical Needs	ICS Command:
	The ICS Administrator
	Incident Commander
Health Surveillance	ICS Command:
	State Epidemiologist
Food/Drug/Medical Device Safety	ICS Command:
	State Epidemiologist
	Safety Officer
ADHS Worker Health/Safety	ICS Command:
	Safety Officer
Public Health Information	ICS Command:
	Information Officer
	State Epidemiologist

Health/Medical Equipment and Supplies	ICS Logistics
	Equipment/Supplies Unit Leader
Mental Health Care	ICS Operations
	Behavioral Health Incident Management System
	(PHIMS) Emergency Response Branch
Medical Care Personnel	ICS Operations
	Public Health Incident Management System
	(PHIMS) Emergency Response Branch/Hospital
	& Healthcare Group
Patient Evacuation	ICS Operations
	Public Health Incident Management System
	(PHIMS) Emergency Response Branch/Hospital
	& Healthcare Group
In-Hospital Care	ICS Operations
	Public Health Incident Management System
	(PHIMS) Emergency Response Branch/Hospital
	& Healthcare Group
First Responder and Health Care Worker	ICS Operations
Health/Safety	Public Health Incident Management System
	(PHIMS) Emergency Response Branch/EDC
	Group
Radiological/Chemical/Biological	ICS Operations
Hazards Consultation	Public Health Incident Management System
	(PHIMS) Emergency Response
	Branch/Laboratory Group
Vector Control	ICS Operations
	Public Health Incident Management System
	(PHIMS) Emergency Response Branch/EDC
	Group
Potable Water/Wastewater and Solid	ICS Operations
Waste Disposal	Public Health Incident Management System
	(PHIMS) Emergency Response Branch/EDC
	Group
Veterinary Services	ICS Operations
	Public Health Incident Management System The Grant Control of the Contro
	(PHIMS) Emergency Response Branch/EDC
Y' ' 11 '' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	Group
Victim Identification/Mortuary Services	ICS Operations
	Public Health Death Registry

Table 3. Roster of Identified Personnel and Back-Up Personnel for Essential Services and Functions

	Health Services primary and secondary individuals in core s delineated in the Incident Command System (ICS)
Name	Responsibility/Authorization
ICS Administrator	
Director – Susan Gerard	PrimaryDeclare an Agency Disaster and activate the BCP
Deputy Director of	SecondaryDeclare an Agency Disaster and activate the BCP
Behavioral Health – Dr.	
Laura Nelson	
Deputy Director of Public	AlternateDeclare an Agency Disaster and activate the BCP
Health – Will Humble	
Deputy Director Operations	AlternateDeclare an Agency Disaster and activate the BCP
Janet Mullen	
ICS Incident Commander	
Deputy Director of Public	PrimaryManage Response Activities to the Incident
Health or designee – Janet	
Mullen	
Assistant Director of Public	Secondary Manage Response Activities to the Incident
Health – Will Humble	
Assistant Director of	AlternateDeclare an Agency Disaster and activate the BCP
Government Affairs – Pete	
Wertheim	
Other, as designated by the	Alternate Manage Response Activities to the Incident
Agency Administrator	
ICS Information Officer	
Public Information Officer	PrimaryMedia Spokesperson and 211 Coordinator
– Michael Murphy	
Assistant Public	SecondaryMedia Spokesperson and 211 Coordinator
Information Officer – Janey	
Pearl	
Legislative Liaison	AlternateMedia Spokesperson and 211 Coordinator
Pete Wertheim	
Assistant Director of	AlternateMedia Spokesperson and 211 Coordinator
Government Affairs –	
Kathleen Phillips	
Other, as designated by the	AlternateMedia Spokesperson and 211 Coordinator
Incident Commander	
ICS Government Affairs Li	
Assistant Director of	PrimaryGovernment Agency Interface and Coordinator
Government Affairs	
Legislative Liaison	SecondaryGovernment Agency Interface and Coordinator
Assistant Legislative	AlternateGovernment Agency Interface and Coordinator
Liaison	
Other, as designated by the	AlternateGovernment Agency Interface and Coordinator

Incident Commander	
ICS Safety Officer	
Risk Manager – Ferando	PrimaryPersonnel and Facility Safety Interface and
Ortega	Coordinator
Management Services	SecondaryPersonnel and Facility Safety Interface and
Administrator – Yvonne	Coordinator
Harbough	
Other, as designated by the	AlternatePersonnel and Facility Safety Interface and
Incident Commander	Coordinator
State Epidemiologist	
State Epidemiologist – Ken	Primary Epidemiology Interface and Coordinator
Komatsu	
Assistant State	Secondary Epidemiology Interface and Coordinator
Epidemiologist – Dr.	
Rebecca Sunenshine	
Other, as designated by the	Alternate Epidemiology Interface and Coordinator
Incident Commander	

Identifying and Training Back-Up Personnel

ADHS personnel planning for public health continuity of operations during an emergency event pre-identifies positions and personnel needed to sustain public health continuity of operations. This involves identifying delegations of authority, orders of succession, and training requirements. In addition, it assumes a workforce disruption due to an expected rate of absenteeism, a potential need for social distancing measures, and a potential disruption of transportation. Therefore, the ADHS BCP assumes an ADHS workforce reduction (absenteeism, social distancing, and transportation disruption) of up to 40%. The following information addresses these issues.

The plan is designed to maximize personnel to ensure public health continuity of operations. The pre-identified personnel count required to support critical business functions, constitutes less than 40% of the ADHS workforce. The ADHS BCP has pre-identified the positions, skills, and personnel needed to ensure public health continuity of operations. The following is the minimum number of individuals necessary to maintain critical business functions during an emergency event.

- 82 to maintain the Incident Command System (ICS)
- 61 to maintain Public Health Incident Management System Emergency Response
- 23 to maintain Behavioral Health Incident Management System Emergency Response
- 47 to maintain Arizona State Laboratory critical functions
- 6 to operate the Public Health Death Registry
- 10 to issue Birth Certificates to disaster victims or survivors
- 700 to maintain critical Arizona State Hospital services (Security, Health, Food)
- 20 to provide Behavioral Health Services to Arizona's SMI Population

Based upon this distribution of personnel, 949 individuals are needed to operate the ICS and provide critical functions, including public health continuity of operations. This is a total workforce requirement of 40% of ADHS' staff of 2,400.

The ADHS BCP details the key positions and responsibilities in the ICS and each of the critical business functions. These are maintained in master lists called "Summary of Areas of Responsibility." These provide a summary list of pre-identified personnel, including one primary individual and two to three pre-identified back-up personnel, by name and position, responsible and authorized for actions taken during a declared disaster. Detailed lists exist for all ICS functions, as well as for all critical business functions, essential business functions, and administrative business functions. Lists of assigned personnel in specified service areas (by position and name) are maintained and updated in the functional areas.

Examples of key positions in two areas, the Incident Command System (ICS) and the Public Health Incident Management System Emergency Response, are provided.

Incident Command System (ICS)

- Agency Administrator: The Agency Administrator acts on behalf of the Arizona Governor and has the authority to declare an agency emergency and activate the ADHS BCP.
- Incident Commander: The IC is responsible for managing the Department's response activities by coordinating the Operations, Planning, Logistics and Finance/Administration sections. In addition, the IC develops the Incident Action Plan (IAP) in conjunction with the Planning Section. The IAP covers the incident's primary goal and objectives and subsequent actions that are assigned to specific staff members. This plan is comprised of objectives and strategies that will be attained to help manage the emergency. The IAP is an active document and can change throughout the course of a response.
- Public Information Officer: The Information Officer is responsible for interfacing with the public and media and/or other agencies with incident-related information requirements. The Information Officer will ensure that the Arizona 211 system is used to provide public information, notifications and alerts.
- Government Affairs Liaison Officer: The Government Affairs Liaison is the point of contact for representatives of other government agencies, nongovernmental organizations, and private entities. This includes local, state, and federal agencies
- Safety Officer: The Safety Officer is the agency's loss control representative and works with ADOA's Risk Management staff to ensure proper damage assessment. The Safety Office also monitors incident operations and is responsible for the general safety of incident operations. The Safety Office is responsible for interfacing with other agencies regarding personnel and facility safety.
- State Epidemiologist: The State Epidemiologist is the point of contact for all incident-related information and matters relating to the distribution, causes, and outcomes of disease.
- Operations Section Chief: The Operations Section Chief directs the management and execution of all tactical response and recovery functions.
 - o Operations/Public Health Incident Management System Emergency Response Branch Director

- o Operations/Behavioral Health Incident Management System Emergency Response Branch Director
- o Operations/Arizona State Laboratory Branch Director
- o Operations/Death Registry and Birth Certificate Branch Director
- o Operations/Arizona State Hospital Branch Director
- o Operations/Behavioral Health SMI Service Branch Director
- Planning Section Chief: The Planning Section Chief coordinates the Planning Section activities and has primary responsibility for providing planning support to Command Staff and the ICS Sections. The Planning Section Chief reports to the Incident Commander and determines the required resources and organizational structure within the Planning Section.
 - o Planning Incident Action Plan Unit Leader
 - o Planning Incident Situation Reports Unit Leader
 - o Planning Incident Resource Management Unit Leader
 - o Planning Incident Technical Specialists Unit Leader
- Logistics Section Chief: The Logistics Section Chief coordinates the Logistics Section activities and has primary responsibility for providing logistical support to Command Staff and the ICS Sections. The Logistics Section Chief reports to the Incident Commander and determines the required resources and organizational structure within the Logistics Section.
 - Logistics ITS and Communications Branch Director
 - Logistics ITS and Communications Branch Data Communications Unit Leader
 - Logistics ITS and Communications Branch Alerts and Notifications Unit Leader
 - o Logistics Personnel Unit Leader
 - o Logistics Equipment and Supplies Unit Leader
 - Logistics Facilities Unit Leader
 - o Logistics Communications Unit Leader
- Finance/Administration Section Chief
 - Finance/Administration Procurement Branch Director
 - Finance/Administration Procurement Branch Commodities Unit Leader
 - Finance/Administration Procurement Branch Services/Contracts Unit Leader
 - o Finance/Administration Cost Reimbursement Unit Leader
 - o Finance/Administration Damage, Injury Documentation Unit Leader
 - o Finance/Administration Overtime Coordination Unit Leader

Public Health Incident Management System (PHIMS) Emergency Response

- Epidemiology and Disease Control (EDC) Group Supervisor
 - o EDC Immunizations Unit Leader
 - o EDC Human Surveillance/EPI Unit Leader
 - Vector Borne Disease Unit Leader
 - o Environmental Health Unit Leader
- Local Health Group Supervisor
 - o Local Health Counties Unit Leader
 - Local Health Tribal Unit Leader
 - o Local Health Border Unit Leader

- Laboratory Services Group Supervisor
 - o Laboratory Bioterrorism Unit Leader
 - o Laboratory Chemical Unit Leader
 - o Laboratory Virology/Serology Unit Leader
- Hospital and Healthcare Group Supervisor
 - o Hospital Unit Leader
 - o Clinics Unit Leader
 - o Emergency Medical Services Unit Leader
 - o Licensing Services Unit Leader
 - Vital Records Unit Leader
- Data Group Supervisor
 - o Surveillance Data Management Unit Leader
 - o GIS/Modeling Unit Leader

To ensure adequate training and accommodate expectations regarding workforce disruption, delegation of authority, and orders of succession, all ADHS employees regardless of position or skills receive business continuity training and basic ICS/NIMS training. In addition, key staff are trained receive advanced training and participate in exercises, table-tops, and simulations designed to maintain a required skill set associated with public health continuity of operations.

Delegations of Authority

Table 4. ADHS Summary of Deputizations (Delegations of Authority)

Person Deputized by Director	Title	Division/Program	Authority
Dr. Janet Mullen	Deputy Director	Operations	All authority in place for the Director
Dr. Laura Nelson	Acting Deputy Director	Behavioral Health Services	All authority in place for the Director
Will Humble	Assistant Director	Public Health Services	All authority in place for the Director
Jeanette Shea-Ramirez	Assistant Director	Public Health Services	Specific authority by statutes-public health programs
Michael Fronske	Assistant Director	Behavioral Health Services	Specific authority by statutes-mental health
Robert Sorce	Assistant Director	Behavioral Health Services	Specific authority by statutes-mental health
Mary Wiley	Assistant Director	Licensing Services	Specific authority by statutes-licensing-health care institutions, special licensing, child care licensing
Alan Oppenheim	Deputy Assistant Director	Licensing Services	Specific authority by statutes-licensing-health

-		T	, · · · · · · · · · · · · · · · · · · ·
			care institutions, special licensing, child care licensing
David Spitzer	Assistant Director	Information Technology Services	Specific authority by statutes-administration of computer system and related services
Kathleen Phillips	Rules Administrator and Administrative Counsel	Administrative Rules and Counsel	Specific authority by statutes-signing of legal documents in administrative hearing matters
Kathleen Phillips	Rules Administrator and Administrative Counsel	Administrative Rules and Counsel	Specific authority by statutes-requesting and filing of extensions for five year reviews of rules
John C. Cooper	Superintendent	Arizona State Hospital	Specific authority by statutes-operations at the Arizona State Hospital
Donna Noriega	Chief Operating Officer	Arizona State Hospital	Specific authority by statutes-preparation of annual written notice to committed persons of the person's right to petition the court for conditional release to a less restrictive alternative without the approval of the superintendent or the director
Terry Mullins	Bureau Chief	PHS/Bureau of Emergency Medical Services	Specific authority by statutes-relating to certification of ambulance operations, certification of EMTs
Bentley Bobrow, M.D.	Medical Director	PHS/ Bureau of Emergency Medical Services	Specific authority by statutes-relation to certification of EMTs, disciplinary actions, certifications to ALS base hospitals
Victor Waddell	Bureau Chief	PHS/State Laboratory	Specific authority by

William Slanta Assistant Bureau Chief Assistant Director Business and Financial Services Richard Porter Bureau Chief PHS/Public Health Statistics Of the State Lab Specific authority by statutes- relating to oversight and operation of the State Lab PHS/Public Health Statistics Specific authority by statutes-relating to financial Services Specific authority by statutes-relating to oversight and budgetary matter Specific authority by statutes-relating to oversight and operation of the Office of Vital Records as an Assistant Registrar			1	1
Chief Chief Chief Statutes- relating to oversight and operation of the State Lab James Humble Assistant Director Business and Financial Services Specific authority by statutes-relating to finand budgetary matter Richard Porter Bureau Chief PHS/Public Health Specific authority by Statistics Statutes-relating to oversight and operation of the Office of Vital Records as an Assistant Registrar				oversight and operations
Richard Porter Bureau Chief PHS/Public Health Specific authority by Statistics Statutes-relating to fit and budgetary matter Specific authority by Statistics statutes-relating to oversight and operati of the Office of Vital Records as an Assista Registrar		Chief	, and the second	oversight and operations of the State Lab
Statistics statutes-relating to oversight and operation of the Office of Vital Records as an Assistance Registrar	ames Humble			Specific authority by statutes-relating to fiscal and budgetary matters
Patricia Adams Office Chief PHS/Office of Vital Specific authority by	tichard Porter	Bureau Chief		oversight and operations of the Office of Vital Records as an Assistant
Records statutes-relating to the Office of Vital Record	atricia Adams	Office Chief	PHS/Office of Vital Records	Specific authority by statutes-relating to the Office of Vital Records as an Assistant Registrar
Records statutes-relating to the Office of Vital Records	Deborah Heemstra	Manager		Specific authority by statutes-relating to the Office of Vital Records as an Assistant Registrar
Statistics statutes-relating to	Christopher Mrela	Manager		statistical data, analysis
Administrative Counsel Statutes-relating to the role of Clerk of the Department; for accepting notices of claims, subpoenas, lawsuits, and maintaining dockets all administrative	anice L. Escoto	Legal Assistant	Administrative	Department; for accepting notices of claims, subpoenas, lawsuits, and maintaining dockets for all administrative proceedings and related
Richard Cox Sanitarian Public Health Services responsibilities under statutes	tichard Cox	Sanitarian		responsibilities under
Ronald Holley Sanitarian Public Health Sanitarian responsibilities under	Lonald Holley	Sanitarian	Services	Sanitarian responsibilities under statutes
statutes	Fork Yee	Sanitarian	Public Health	Sanitarian

		Services	responsibilities under statutes
Bob Ohlfest	Team Leader/Sanitarian	DLS/ALL-Tucson	Sanitarian responsibilities under statutes
Ben Stepleton	Sanitarian	PHS/Food Safety	Sanitarian responsibilities under statutes
Alan Croft	Sanitarian	Public Health Services	Sanitarian responsibilities under statutes
Brigitte DuFour	Sanitarian	PHS/Smoke Free Arizona	Sanitarian responsibilities under statutes
Will Humble	Sanitarian	Public Health Services	Sanitarian responsibilities under statutes
Carrie Senseman	Sanitarian	Public Health Services	Sanitarian responsibilities under statutes
Bill Frank	Sanitarian	Public Health Services	Sanitarian responsibilities under statutes
Don Herrington	Bureau Chief	PHS/Disease Prevention	Sanitarian responsibilities under statutes

Identifying Adequate Alternate Work Sites

ADHS maintains offices in Phoenix and Tucson. Should the need arise to relocate a number of individuals due to an event; ADHS has some internal capacity to do so. The State Public Health Laboratory will make all efforts to centralize the operations and minimize disruption of services to submitting agencies. Submitting agencies will be notified by blast-fax of the cessation of operations at the Arizona State Public Health Laboratory. Submitters will be directed to continue to submit samples to the laboratory or to a backup designated location through their normal processes so that samples can be collected in a central location. Samples will be redirected to the backup laboratory through the laboratory's contracted 24-hour delivery service.

In the event that the State Health Laboratory personnel can not physically coordinate operations in the State Laboratory or other centralized location, submitting agencies will be notified to send their bloodspot samples directly to the backup testing laboratory. Information will be provided to the submitting agencies as to the name, address, and special requirements for submission of samples to the backup facility.

ADHS currently employs a Tri-Agency agreement with the Department of Economic Security (DES) and the Arizona Health Care Cost Containment System (AHCCCS) that allows for

minimal to moderate facility availability in the event that ADHS, DES or AHCCCS have an emergency that requires relocation of personnel for a limited period of time.

The Arizona State Hospital has identified measures they would take to maintain operations on the hospital campus such as unit transfers and early discharges. They have also identified the key department to notify the community and others if the hospital had to shut down or relocate. It is the policy of the Arizona State Hospital to maintain service delivery or restore services as rapidly as possible following an emergency that disrupts those services.

Long term arrangements are under discussion, including an off-site shared data facility for multiple State Agencies to utilize for warm to hot backup sites for data center services.

Any alternate sites that are not currently accounted for, or if any issue arises that cannot be contained by the current alternate site arrangement, ADHS and the Arizona Department of Administration (DOA) Facilities groups will work together to find a suitable location for recovery activities.

The need for social distancing during an emergency would be a factor considered by the ADHS ICS and Safety Officer. The exact circumstances of the emergency would dictate the course of action or response appropriate under the given circumstances. However, in general, ADHS planning allows for the following:

- Having employees use telework options. Currently, 22% of ADHS' workforce in Maricopa County have telework agreements and have regularly worked from home. In addition, another 20% of ADHS employees can or have used alternate worksites and/or have flexible work hours/staggered shifts.
- Reducing frequency and type of face-to-face contact (e.g. hand-shaking, seating in meetings, office layout, shared workstations) among employees and between employees and customers; and use of telephone or web based video conferencing instead of face-to-face meetings.
- Restricting travel to affected geographic areas, based on ADHS and CDC recommendations.
- Assigning workgroups to alternate work sites. Depending upon the nature of the emergency threat and the availability of transportation, employees may be directed to alternate ADHS, DES, or AHCCCS work sites as detailed within the Incident Action Plan (IAP). Potential ADHS work sites include three located in Phoenix, one located in Tucson, and one located in Flagstaff. The ADHS sites are:

Arizona Department of Health Services	Arizona Department of Health Services
150 North 18th Avenue	1740 West Adams
Phoenix, Arizona 85007	Phoenix, Arizona 85007
Arizona Department of Health Services	Arizona Department of Health Services
2500 East Van Buren Street	400 West Congress
Phoenix, Arizona 85008	Tucson, AZ 85701

Disruption of transportation during an emergency would also be a factor considered by the ADHS ICS and Safety Officer. The exact circumstances of the transportation disruption in conjunction with the exact circumstances of the emergency would dictate the course of action or

response appropriate under the given circumstances. However, in general, ADHS planning allows for the following:

- In the event of a transportation disruption that prevents or hinders ADHS employees from leaving work or returning home, ADHS will:
 - o Identify employees who have the greatest need to leave the workplace (caregiver needs, medical needs, etc.) and give these employees priority assistance, as available, to vacate facilities, offices, and working sites. Department fleet vehicles will be deployed to transport employees with special or immediate needs, if possible
 - o Allow employees to contact/communicate with family.
 - o Direct employees to "shelter in place" until they can safely and orderly vacate facilities, offices, and working sites.
- In the event of a transportation disruption that prevents or hinders ADHS employees from reporting to work, ADHS has identified alternate work sites. Depending upon the nature of the emergency threat and the availability of transportation, employees may be directed to alternate ADHS, DES, or AHCCCS work sites as detailed within the Incident Action Plan (IAP). The potential ADHS work sites include three located in Phoenix, one located in Tucson, and one located in Flagstaff. These are listed above.

The Human Resources Information System (HRIS) provides employee information based on an agency, classification, or statewide. HRIS can help determine which employees are on leave for a prior pay period. Tracking employees within the pay period or daily will be accomplished by the individual state agencies and will be maintained by agency-specific human resources divisions and internal management.

The HRIS system is being re-engineered and expanded over a two-year period. In addition, HRIS data feeds are being linked to the COOP planning efforts by the agencies.

In the event of a transportation disruption that prevents or hinders the ability of vendors to provide goods needed in a recovery effort, ADHS will use Department fleet vehicles, staff from the ADHS General Services Office, and the ADHS asset management and warehouse operation to assist in transporting or disrupting goods.

Identifying Which Essential Services and Functions Can Continue at Alternative Sites or at ADHS Facilities and Redundant Essential Resources

Combined, these measures should allow for public health continuity of operations despite an expected rate of absenteeism and general workforce reduction due to disruption of transportation during and emergency event or the need to enact social distancing measures.

The ADHS BCP addresses physical resources and equipment needed to sustain critical business functions, including public health continuity of operations. In an emergency event, ADHS will meet its critical equipment and resource needs as follows:

• ADHS has a designated Health Emergency Operations Center (HEOC) equipped with various communications equipment. If this site is unavailable, ADHS has two alternate HEOC sites within a 12 mile radius of downtown Phoenix, one alternate HEOC site in Flagstaff, and one alternate HEOC site in Tucson.

- ADHS has identified seven operating facilities/alternate work sites that would be available to sustain continuity of operations during an emergency event. Depending upon the nature of the emergency threat, employees will be directed to alternate work sites as directed by the ICS. Five sites are ADHS facilities; three are located in Phoenix, one in Tucson, and one in Flagstaff. The remaining two sites are facilities operated by the DES and AHCCCS. All facilities/sites have essential resources to sustain workforce needs related to public health continuity of operations. These include ITS, power, communications, and security controls. If an issue or need arises that cannot be contained by the current alternate site arrangement, ADHS and the Arizona Department of Administration (DOA) Facilities groups will work together to meet the need or find a suitable alternate location for recovery activities.
- ADHS has identified equipment and resources (desks, chairs, telephones, computers, printers, copy machines, facsimile machines, motor vehicles, and office supplies) necessary to support the 949 individuals needed to operate the ICS and provide critical functions, including public health continuity of operations.
- ADHS will reassign or deploy necessary equipment and supplies to support the 949 individuals needed to operate the ICS and provide critical functions, including public health continuity of operations.
- If needed, ADHS will request assistance from DES and AHCCCS per an emergency assistance Mutual Aid Agreement.
- Should ADHS not have sufficient equipment and supplies, the Statewide Arizona Business Continuity Plan will deploy available resources from other state agencies to assist ADHS in providing an external response to public health emergencies and disasters and maintaining public health continuity of operations.

In addition, the Arizona Department of Homeland Security (AZDOHS) provides a coordinated approach to critical infrastructure and key resource protection roles and responsibilities for federal, state, local, tribal, and private sector security partners. Through a state infrastructure protection plan, AZDOHS sets states priorities, goals, and requirements for effective distribution of funding and resources which will help ensure that our government, economy, and public services continue in the event of a terrorist attack or other disaster.

OPERATING SUB-OBJECTIVE A.2.3: PRE-IDENTIFY PRIMARY AND SECONDARY INDIVIDUALS FOR CORE FUNCTIONAL ROLES PER THE INCIDENT COMMAND SYSTEM

RESPOND AND RECOVER

Pre-Identifying Primary and Secondary Individuals for Core Functional Areas

See Table 2, Core Functional Roles to Maintain Public Health Continuity of Operations above.

Testing and Exercising Public Health COOP Plans

Public Health COOP

The Department has tested the Continuity of Operations Plan several times for planned events and exercises such as Top Officials (TOPOFF) IV, Palo Verde, Super Bowl, and Medical Surge for Pandemic Influenza. The COOP has also been tested during responses to real events such as Operation Good Neighbor, Food Borne Illness, and Measles outbreak.

During June 2008, ADHS conducted COOP training for the executive team and key staff members and will conduct a tabletop exercise in July 2008.

The Department utilizes after action reports to implement process improvements and plan enhancements. Some of the lessons learned during previous trainings and exercises are:

- There is a lack of awareness or "connectivity" among most middle management regarding State Emergency Response and Recovery Planning, Business Continuity Planning and emergency operating procedures.
- Identified a need for enhanced collaboration with other state agency partners and risk management
- Recommendations for two types of emergency preparedness training: general workplace and personal emergency preparedness and COOP/ICS training
- The Departments COOP plan was not updated on a consistent basis and was not made available to department decision makers.

TOPFF IV

Throughout the exercises several opportunities for improvement in ability of ADHS to respond to the incident were identified. The primary areas for improvement, including recommendations, are as follows:

- Not all Health Emergency Operation Center (HEOC) staff and ADHS representatives fully understood their roles within the command structure or the use of the ICS forms. *Recommendation*: Ensure all HEOC staff are trained in ICS 300 and 400.
- Communication between HEOC and State Emergency Operations Center (SEOC) was not always consistent and aligned with the response plan. *Recommendation*: Conduct further training on HEOC and SEOC roles. Incorporate this function into upcoming exercises.
- The HEOC staff members were not proficient in the use of the communication systems at the beginning of the exercise. *Recommendation*: All HEOC staff should attend communication systems training on a quarterly basis.

Overall, the opportunity to participate in TOPOFF IV has provided ADHS with a unique opportunity to test the agency's ability to respond to an RDD event with partners from the local level through the federal level and implement components of the business continuity plan. This successful exercise tested many critical functions throughout the department and gave staff the invaluable opportunity to participate in high profile, national-level exercise.

Subsequent exercises should focus on the ability of ADHS to communicate within the greater public health and emergency management systems. Specifically, future exercises should focus on activation of the BCP, communication protocols, information dissemination to the general public and partners, and the proficient use of standard ICS forms, information systems, and communication equipment in the Health Emergency Operation Center.

Appendix A.3 Ensure Continuity of the Food Supply System

ADHS and County Health Department Food Safety Activities

The Arizona Department of Health Services (ADHS) administers a statewide public health sanitation program which includes, but is not limited to, food safety and bottled water. The program performs epidemiological investigations, interprets public health sanitation laws and rules for Arizona county health departments, provides training and educational opportunities for the counties, and establishes and maintains liaisons with federal and local agencies.

ADHS has delegated most public health sanitation program responsibilities to the 15 Arizona county health departments in order to most effectively accomplish its mission objectives. The delegation of responsibilities allows local governments to decide the level and cost of the services they wish to provide. Local control makes it easy for the public to interact with their government. Counties accepting delegated responsibilities are required to perform duties in accordance with conditions outlined in their specific delegation agreement with ADHS. County health departments must submit annual reports summarizing their program activities as required by their delegation agreements.

Facilities regulated by the state and counties include:

- Retail food establishments
- Bottled water facilities
- Public accommodations
 - o hotels and motels
 - o children's camps
 - o campgrounds
 - o public school grounds
 - o public and semi-public bathing places

ADHS implemented a statewide voluntary food biosecurity program in 2002 to increase awareness about food biosecurity. On-site visits were made during fiscal year 2005 by ADHS representatives to each of the 15 Arizona counties to assist them in developing and delivering a local food biosecurity program. ADHS personnel provided presentations and training sessions addressing the importance of vulnerability assessments, biosecurity procedures, and emergency response plans. Assessments were performed on biosecurity procedures already in place for produce warehouses and a large drinking water distribution system in Arizona. Guidance and educational materials were provided during on-site visits.

Specialized training sessions were offered for sanitarians and bioterrorism personnel for several Arizona counties. These presentations addressed the importance of vulnerability assessments, biosecurity procedures and emergency response plans. An agroterrorism workshop for the produce growers and pesticides applicators was held in Yuma County. The 4-hour workshop focused on preparedness, recognition, response and recovery for the possibility of an agroterrorism event.

Open lines of communication and a solid working relationship were established with other state and federal agencies involved in the protection of food and water supplies from intentional contamination including: Arizona Department of Environmental Quality, Arizona Department of Agriculture, Arizona Department of Education, Arizona Food Safety Task Force, Office of Homeland Security, and Food and Drug Administration. Contacts were established with the Western Institute on Food Safety and Security from the University of California- Davis.

ADHS works closely with partners at the Arizona Department of Agriculture (ADA) to ensure continuity of the food supply system and assist in preparing for and responding to agricultural emergencies in Arizona.

ADA Preparedness and Planning

ADA is performing inspections for the new "leafy greens" produce program in an effort to curb food borne illness originating from certain vegetables. California inspectors are assisting in this effort in Arizona. This program originated from outbreaks related to spinach and other produce over the past few years, which was implicated in human outbreaks. This is a new food safety mission for the agency.

A number of meetings have been held with the industry as related to FDA sampling procedures in the field, agroterrorism and related. Efforts have been made to increase security at the farm and in processing facilities, including ongoing table top exercises with industry members. Meetings have been held with industry to discuss biosecurity, agroterrorism, avian influenza, public information, and incident command system (ICS) as they relate to the current environment. Tabletop exercises and drills, such as the Top Officials (TOPOFF) IV and fixed nuclear facility drills have been utilized to help ensure inspection programs and the regulated industry can function effectively in an emergency.

The agency maintains a Google Earth based visual database of state food processing facilities which can be utilized in radioactive release or any other emergency situation, including a pandemic flu outbreak. This database can be shared with other government agencies, and does not require special software to be purchased. Radioactive plumes or any other shape file can be imported from ARCview, and overlaid on the map.

ADA has participated in a number of planning meetings for pandemic influenza, including tabletop exercises. Parallel planning has been done for avian influenza, including mapping commercial poultry flocks, small breeding facilities and hobbyists statewide. The agency has also performed actual field work in this area.

ADA has participated in drills and planning specific to terrorism in general and in regards to agroterrorism. Staff recently attended a day long training exercise and tabletop at the offices of United Dairymen of Arizona (UDA) in the spring of 2008. At that time, mapping data were shared with UDA planning staff to assist in their emergency planning efforts. Considerable effort has been spent performing vulnerability assessments at state and federal levels with respect to zoonotic disease and deliberate contamination of the food supply at all levels.

PREPARE

Coordinator(s) for State Pandemic Preparedness Planning and Food Safety Contact

Dart Easterday Administrator Dairy, Egg and Meat & Poultry Programs Arizona Department of Agriculture 1688 W. Adams Phoenix, AZ, 85007 602-542-0884 deasterday@azda.gov

alternate

Dr. John Hunt, DVM Associate Director Animal Services Division 1688 W. Adams Phoenix, Arizona 85007 602-542-7186 jhunt@azda.gov

Food Safety Program and "At Least Equal To" Compliance with Federal USDA Statutes

Citrus, Fruit and Vegetable – Cooperative Federal-State program

The Citrus, Fruit and Vegetable (CF&V) inspection program maintains a cooperative state trust agreement originally signed in July of 1996 with United States Department of Agriculture (USDA)-Agricultural Marketing Service (AMS) to provide grading services. This includes fruits and vegetables imported from Mexico and other nations and includes inspections performed inside Sonora, Mexico on a daily basis. These grading and food safety inspections are performed under the same regulations and standards used by USDA. The most recent annual review of the program was conducted by USDA-AMS in February of 2008, and was determined to be in compliance with USDA requirements.

The specific areas of responsibility for this program are citrus, fruit and vegetables at the production level in fields and product in shipment or commerce (including international commerce) and in retail stores.

Meat and Poultry Inspection

Only the Meat and Poultry Inspection (MPI) program has specific requirement to meet a compliance standard of "At Least Equal To" the federal program. In January of 2008, USDA-Food Safety and Inspection Service (FSIS) found the program in compliance with USDA regulations and "At Least Equal To" the federal program.

ADA maintains a cooperative meat and poultry inspection program and a compliance officer to enforce the provisions of the federal meat inspection act, the poultry products act, and the egg products inspection act. This program is federally funded 50% and state funded 50%.

The specific areas of responsibility for this program are inspection of meat, poultry and Ready-to-Eat (RTE) products which incorporate meat and poultry into them. Inspections are performed at meat and poultry plants which slaughter such animals for human consumption and at facilities which further process meat and poultry into various finished products.

Retail meat and poultry inspections are under the jurisdiction of the various county health departments.

Egg Inspection Program

The Egg Inspection Program (EIP) is required to meet the same standards as the federal program for all voluntary grading programs covered under the cooperative Arizona state trust agreement signed in 1999. This covers shell eggs, poultry and the USDA surveillance program under the Egg Products Inspection Act. A state grading and inspection program is mandated under Arizona state statutes. Provisions for the cooperative federal state agreement and program are under authority of Arizona Revised Statues (ARS) § 3-710 part C and the state inspection program under part G.

The state egg inspection program adopts by reference federal grade standards for shell eggs. All field staff and supervisors are USDA licensed. The cooperative state trust agreement provides for egg and poultry grading services on a resident inspection basis and on a fee basis. This includes receipt of poultry products procured for the state under the USDA school lunch program. As of April 2008, the state trust program was in compliance with USDA-AMS standards and regulations.

The specific areas of responsibility for this program are:

- Inspection of shell eggs and egg products at farm packing locations, licensed dealers, and retailers
- Inspection of processing equipment and storage facilities
- Inspection of poultry products procured under the USDA school lunch program

Dairy Inspection Program

Although the dairy inspection Interstate Milk Shipment program (IMS) is voluntary to states, milk products cannot be shipped across state lines without an IMS program. However, as Arizona's dairy industry is dependent on exports outside the state, it is effectively a mandatory program and is maintained as such. The state portion of this program is a mandated public health program. A review conducted by Food and Drug Administration (FDA) in March 2008 indicated that the state dairy program is in substantial compliance with FDA standards for the IMS program, which allows Arizona producers to ship grade A milk across state lines.

The specific areas of responsibility for this program are dairy farms, processing plants, plants which produce single service containers or blow mold jugs or containers, milk drying plants, butter plants, cheese plants, yogurt plants, creameries and related facilities. Retail inspection is primarily under the county health departments although state inspectors may visit retail stores on a complaint basis as required.

The ADA laboratory is certified by FDA as meeting all requirements for analyzing milk and dairy samples in support of the federal IMS program. This includes the ability for lab staff to certify other laboratories to FDA standards for certain types of microbial and other testing requirements.

Back-Up Personnel Identified for Food Safety Program

Intermittent ADA employees may be used extensively to help support agency food inspections when regular staff are not available to do so for any reason. These employees would be called upon in the event of an emergency.

All four food inspection programs at the ADA identified above have cross trained personnel to perform food-related inspections. These staff may be utilized within programs and between programs to support inspections where needed.

An additional backup available to the agency is the use of other state trained and licensed personnel. In spring of 2008, the CF&V program made use of California state inspectors to perform leafy green inspections in Arizona. Federally-licensed and trained individuals may also be utilized and CF&V has and is utilizing these employees to support grading functions. These relationships are well established, and three of the programs have made use of state or federal employees to perform inspections and to federally license staff.

ADA's Business Continuity Plan (BCP) also takes into account agency needs for computer support in the event of an emergency. The agency BCP provides for computer support including temporary staffing from the Arizona Department of Administration (ADOA). This assistance will include managing local agency network functions, programming, computer support and related activities. ADOA also provides connectivity to the internet, as well as providing statewide information management.

Procedures for Reporting Food Supply Information and Operating Status of State-Inspected Slaughter and Processing Establishments

The MPI program makes use of two computer programs which are sponsored and maintained by USDA-FSIS. These are the Federal Automated Information Management (FAIM) and Performance Based Inspection System (PBIS). All MPI staff have federally issued laptops, and are tied into the federal system for information retrieval and email.

Each inspector retrieves information via these two systems. The inspector's laptops contain a complete set of federal regulations pertaining to their job assignments, and are essentially a mobile office. Along with a portable printer, the inspector can set up anywhere, as required.

The PBIS system instructs the inspectors on particular procedures they are to perform at each inspection location, and which portions of a firm's Hazard Analysis Critical Control Point (HACCP) plan and procedures are to be reviewed. The inspector also may perform preoperational sanitation inspections at the location.

Each field inspector is able to make use of the federal email system to report on any or all of the plants he or she is assigned to visit on a weekly basis. The operational status can also be determined by what the inspector inputs into PBIS with respect to operational status of any facility.

Food Safety Communication Plan

A communication plan is established as part of the ADA's Business Continuity Plan (BCP) and provides for interruptions in regular phone service, email, cellular service caused by any emergency situation. Alternate forms of communication have been exercised during emergency drills, including Palo Verde nuclear related, TOPOFF IV and actual wildfire emergencies and flooding in the state.

ADA Agriculture will communicate directly with the public by means of its Public Information Officer (PIO) during events or emergencies that are agriculture specific. When such events or emergencies require a multi-agency response or where an integrated command structure is employed, the agriculture PIO will be stationed at the Joint Information Center (JIC) in conjunction with the Director or his designee at the State Emergency Operations Center (SEOC). Information will be given to the public as part of a unified JIC in the event of an emergency. Joint press releases are commonly crafted at the JIC, in cooperation with other agencies stationed there.

The agriculture advisory council, who represents the interests of ADA stakeholders, meets routinely at the agency in Phoenix and may be called to order in the event of an urgent need. Various other boards, councils and ad hoc groups representing specific sectors of agriculture also meet at the agency on a regular basis. Email is commonly employed as a means of dissemination of information to all agency stakeholders.

The Department of Agriculture partners include:

- ADHS
- Arizona Radiation Regulatory Agency (ARRA)
- Arizona State Land Department (ASLD)
- County health departments
- University cooperative extension staff,
- Other state and county agencies
- USDA
- FDA
- Homeland Security

Generic Operating Objectives for Food Supply System Responsibilities

The ADA BCP provides specific direction to the agency and its staff, in the event of an emergency, including a pandemic flu outbreak. Therefore, the coverage of the agency responsibilities for the food supply is outlined in a more general form in this document. The primary operating objective is to support normal levels of inspections in the field for the food inspection responsibilities the agency is charged with, regardless of any emergency situation faced by the state.

The operating objectives are driven primarily by the following documents:

- ARS Title 3 and the Arizona Administrative Code (AAC) promulgated under Title 3
- Arizona State Emergency Response and Recovery Plan (SERRP), Emergency Support Function (ESF) 11 Agriculture and Natural Resources Annex
- The Agricultural Marketing Act of 1946 as amended (7 USC 1621 et seq.)
- Code of Federal Regulations 9, 21, 56 and 59
- The Egg Products Inspection Act
- The Federal Pasteurized Milk Ordinance (PMO)
- The Poultry Products Act
- The Meat Inspection Act
- The Leafy Green Marketing Agreement
- ARS §3-414 and 415

The documents above outline responsibilities for the four programs. The various types of emergency response situations the agency is charged with responding to include:

- Pandemic influenza outbreaks
- Radiological emergencies at the Palo Verde Nuclear Generating Station
- Wildfires
- Foreign Animal Disease outbreaks
- Zoonotic disease
- Avian influenza

Program Direction and Control

Food inspections are under the general direction of the Animal Services Division Associate Director. The Assistant Director of CF&V has overall charge of that program, and the Program Administrator has the overall charge of the dairy, egg and meat and poultry sections.

For the CF&V program, two managers are assigned to direct the activities of the federal-state grading program and the state standardization program. They may serve in the place of the Assistant Director as needed. Should the Administrator be absent from an exercise or actual emergency, the program Compliance Officer is designated to act in his stead. The three sections (dairy, egg and meat, and poultry) programs are each headed up by a Program Manager for each section. Each Program Manager will take responsibility for their respective section.

Alternate Worksites

The ADA BCP identifies and plans for alternative worksites should the main facility be uninhabitable. The BCP specifies where staff will relocate, what equipment will be used (ADA-issued phone, laptops, etc.), and how communications will flow to ensure continuity of operations.

As part of the agency BCP, the state agricultural laboratory has several means at its disposal to maintain operations. There are existing plans to relocate the lab in the event the building cannot be occupied. Lab staff is cross trained in several areas, including food microbiology, should there be a personnel shortage for any reason. ADA is also a member of the Food Emergency Response Network. There are provisions within the network to offload work to other member laboratories. This could be done in an emergency situation of any type.

General Communications

In the CF&V program at Nogales and within the dairy, egg and meat and poultry programs, the Program Managers and all supervisors in all three programs have been issued Sprint phones, as well as some field staff. For CF&V staff in Mexico, the Sprint phones are required since cell service is not available in Mexico and the radio feature of the Sprint system is utilized for communications to the staff in Arizona.

All program calls will be forwarded from land lines, if necessary, to ensure communications with staff in the event that the main building cannot be occupied. Voice mail is established on all phones. In the event of an emergency, all Sprint phones may have priority government service established on a temporary basis. This puts a priority on government service over regular traffic. The Sprint radio system will be utilized to complement cell phone calls and may be integrated with other agencies using the Sprint integrated radio system at a local or nationwide level as required.

All MPI inspection staff have laptop computers, which are part of the FAIM USDA network. These can be utilized to enhance communications and email (work and home).

The agency has a radio dispatch office located at 1688 W. Adams in Phoenix, Arizona. This is used primarily to route calls for livestock inspection, animal welfare, and related calls. This system may serve as a third backup to the regular phone system and Sprint cellular system. The agency has 29 available portable radios for staff usage which are tied into ADA's radio dispatch. These units may be adjusted to frequencies used by other state and federal agencies.

Business Operations

The Assistant Director, Program Administrator, and Administrative Assistants will reassemble needed documents using the internet to retrieve copies of rules and regulations at both state and federal levels should the main offices be rendered uninhabitable for any reason.

Both the Program Administrator and/or Administrative Assistant will work with agency designated staff to fully re-establish functions at the program level, as outlined in the ADA BCP.

For the most part, the CF&V, Dairy/Egg /Meat and Poultry Programs will be able to resume normal operations within 24 hours, operating at the alternate locations specified in the BCP. The objective will be to make the transition seamless to the public and to facilities regulated by the agency.

The agency will provide continual food inspections. This includes any possible or declared emergency situation, including those where staff levels have been reduced. In order to facilitate continuing operations in the event of manpower shortages, the agency has the following tools and options available to it:

- <u>Cross training and the use of overtime for existing staff:</u> The agency has some employees currently on staff that have been cross trained in several program areas who may be used to fill staff shortages in other areas. Likewise, existing staff may be asked to work longer hours to make up for staffing shortfalls.
- <u>Use of intermittent employees</u>: The agency currently has numerous intermittent employees who are cross trained in several areas. These employees have experience in citrus, fruit and vegetable inspections and grading; meat and poultry inspection; animal welfare inspections; egg inspection and grading; and dairy grading. These employees are used extensively by CF&V to perform inspections and grading during peak harvest and shipping seasons.
- The Citrus, Fruit and Vegetable Program and mutual aid from USDA or other states: The CF&V program, by virtue of its cooperative agreement with USDA, may utilize the services of USDA staff to perform required grading and inspections and has done so in the past. CF&V has also used the services of state employees from California to perform food safety related "leafy green" inspections in Arizona.
- Meat and Poultry Program and mutual aid from USDA or other states: The meat and poultry program may be able to enlist the services of federal inspectors, or trained inspectors from other states to facilitate day-to-day inspections of state-inspected meat and poultry plants, as required. The USDA circuit supervisor for the parallel USDA inspection program is resident at the agriculture capitol mall office, and will be able to aid in obtaining federal assistance in an emergency. The federal staff use the identical computer systems, email, and reporting forms as do the state employees. Carcass dispositions performed by staff veterinarians are enhanced by the use of contract veterinarians in rural areas around the state.
- <u>Dairy Program and mutual aid from other states</u>: The dairy inspection program has enlisted aid from the state of Nevada and Utah previously to perform certain state rating officer functions when the program manager position was absent. This was done as a temporary agreement. On at least one occasion, the Arizona performed such inspections for another state, at their request. Utilizing the services of employees of other states will be employed, as needed, to support the IMS inspection program.
- Egg Program and mutual aid from other states or USDA: The egg inspection program can utilize the services of other licensed state or federal employees as needed to maintain grading services under the 1999 state trust agreement. The issue of mutual aid has been specifically discussed with the state of Arkansas, which has an identical state trust

agreement. Arkansas has previously enlisted the assistance of other states to support its program. The USDA-AMS is required under the terms of the state trust agreement with Arizona to provide graders, if they are available, to support Arizona in the event of short term manpower shortages.

RESPOND

Deploying Personnel and Trained Back-Up to Carry Out Food Safety Program

The primary focus in the response phase to a pandemic influenza outbreak by agency staff and inspectors will be to provide sufficient staffing to carry out routine food inspections and other required food safety-related activities. This will be addressed by using cross trained staff, overtime work by existing staff, employees of other states or federal employees to continue required inspections, or a combination of the above.

The primary challenge to the agency is in how it will respond to possible shortages of industry workers at the locations and facilities where inspections are performed. This will probably have a greater effect on food safety than shortages of inspection staff. To a large degree, it may be up to the agency to focus on the core of its food safety mission with respect to routine inspection. This may require relaxing standards at regulated establishments on minor non-compliance issues.

An example of this was in the 1980's during the severe flooding along the Salt River in the Phoenix metro area. Inspections were difficult to perform at some meat and poultry plants located in the East valley. Inspections were prioritized at some facilities which had more compliance issues. Plants which had superior regulatory compliance were temporarily visited with less frequency, until flooding ceased. Plants selected for the temporary reduced inspection frequency were notified of the temporary situation.

Because the facilities are under regulation, they are not informed when there is a temporary reduction in visits. These facilities are on a patrol basis, which means they are visited at random hours during their posted processing hours. The reduced visits would only cover processors which operate on a patrol basis inspection. This would not include mandatory inspection where the inspector must be present, such as during animal slaughter.

Examples of relaxing standards and regulations include:

- Weed control on the outside of slaughter plants
- Manure buildup in pens at dairy farms
- Minor painting issues inside facilities
- Other indirect food safety issues at producers and processors

It may be necessary for the agency to work directly with other state and federal agencies that have jurisdiction in these areas to prioritize critical portions of inspections for an unknown period of time. The following areas are core food safety concerns:

• Ensuring that all microbiological, chemical and physical testing of food products is not interrupted.

- Ensuring that all equipment and contact surfaces that come into direct contact with food are maintained in a sanitary state.
- Ensuring that any required animal testing is maintained. This includes herd health for dairy farms, ante / post mortem inspections of slaughter animals and that veterinarians are available to perform dispositions on slaughter animals identified as suspect.
- Maintaining sufficient staffing to carry out all the provisions of the federal-state agreements for CF&V and the egg program, especially with respect to CF&V grading functions in Mexico. Maintaining the "equal to" status of the MPI program to the federal program.
- Maintaining the essential standards for the IMS program to ensure that milk can move freely to other states. This may be especially critical if other states have been hit harder in a pandemic to stabilize milk supplies elsewhere.

Implementing Procedures for Reporting Operating Status of State-Inspected Slaughter and Processing Establishments

The FAIM and PBIS computer software systems would be utilized to report on the operational status of these facilities. There would be no changes in the response phase of an incident. This system is maintained out of state and is supported out of state by USDA-FSIS staff.

Implementing Phased Communication Plan

Depending on the severity of pandemic influenza outbreak, ADA would utilize its PIO to disseminate information to stakeholders at the JIC or in briefings held to discuss status. The agency has a five-member advisory council made up of industry members that are familiar with the agency's mission and resources. The current agricultural sectors represented include: dairy, grain and general agriculture, egg production, vegetable and agriculture chemical. The advisory council and other industry groups will be utilized to help make policy decision and promote two-way communications directly with stakeholders. These same resources, particularly the PIO, would project one unified voice to speak to the public.

Implementing Generic Operating Procedures for Food Supply System Responsibilities

In the response phase of an incident, ADA will implement the operating procedures outlined in the prepare section above. These steps include:

- Utilizing relationships built as a result of pandemic influenza planning and other types of emergency planning.
- Implementing agency plans for sustaining normal levels of inspection.
- Sustaining communications by means of redundant systems, if required.
- Maintaining staffing levels as previously outlined.

RECOVER

Assigning Personnel to Assess Pre-Pandemic Capability

The food inspection programs, as a normal matter of business operations, record the operational status of the regulated establishments and food industries they regulate. These inspections take place continually. Some establishments are inspected 365 days per year by the agency.

The agency normally gathers information about the status of the plants, shippers, licensees and distributors it regulates by means of on-site visits by inspectors and graders. These on-site visits also include taking swabs for environmental sampling, product samples or containers for lab testing and water testing. This normal level of inspection includes supervisory reviews of these locations, and USDA and/or FDA oversight in all four programs. Documentation is generated continually by state and federal staff from the level of the inspector or grader, supervisor and management. It is possible to get an operational status of any of the regulated industries at any time.

Any relaxation of facility standards during a pandemic event would be handled by consulting with FDA or USDA, prior to implementation. However, the consultation would only be required if the inspections were performed in conjunction with a cooperative agreement or related to the Pasteurized Milk Ordinance. Relaxing standards would be for minor non-compliance issues which had no direct impact on food safety. As staffing levels returned to normal, minor non-compliance areas would be addressed by inspectors during routine visits and timelines would be established at that time to bring the plants into full non-pandemic compliance.

Assessing Pre-Pandemic Operational Capability of State-Inspected Slaughter and Processing Establishments

Assessing facilities to ensure compliance with pre-pandemic operational capability will be accomplished primarily by supervisory and management staff at the agency in the MPI program. If required, inspectors could be detailed to perform these reviews in order to more quickly obtain this information.

Reporting the Pre-Pandemic Operational Capability of State-Inspected Slaughter and Processing Establishments

Reporting the status of facilities would be accomplished similarly as with normal reporting operations. This is done via the FAIM and PBIS computer systems. There is no need for any special reporting, as field inspectors update their findings on the status of the industry nationwide on a daily basis. Reports are generated as required by those needing the information, and the PBIS system automatically and continually compiles new information.

Food Safety Recovery Communication Plan

The agency has a number of means at its disposal to communicate internally and with other state and federal agencies. ADA may choose to communicate directly with stakeholders by means of

routine inspection visits, by fax, or direct phone communications. The agency maintains several mechanisms to communicate internally and with other state and federal agencies. ADA may choose to communicate directly with stakeholders by means of routine inspection visits, by fax, or direct phone communications. When issues arise which need rapid distribution to stakeholders (such as Arizona veterinarians), the agency makes use of an automated fax distribution listing. ADA's central licensing office maintains an agency wide listing of licensee addresses which includes company principals, phones, fax numbers, email and other means of contact in an Oracle database.

The agency would make use of its PIO at the State JIC to provide information to stakeholders and to the public during the recovery phase. The agency also has an industry advisory council of five members which meet periodically to discuss agency issues. The agency is further supported by CF&V industry groups, Ad Hoc committees, and others which meet at least quarterly. The Food Safety Task Force also meets quarterly at the department.

All of these groups provide supplemental means of getting information to industry and stakeholders and also to address issues encountered in the recovery phase.

Implementing Generic Operating Procedures for Recovering to Pre-Pandemic Food Supply System Responsibilities

In the recovery phase of an incident, ADA will make an assessment of the state of the food supply. This will include phone calls or personal visits to the various industries to identify any issues which might hinder recovery. As a cabinet level agency, the ADA Director would report to the Governor for help in determining if aid or other support was needed for growers, processors, suppliers and dealers in order to return to normal food production. ADA would also work closely with the Arizona Division of Emergency Management (ADEM) to begin state- and federally-directed declarations for recovery.

Testing and Exercising Food Safety Plans

Nuclear Preparedness

Since its inception in 1991, the agency has been involved in drills related to an accident at the Palo Verde Nuclear Generating Station (Palo Verde) west of the Phoenix area. These drills have included participating staff at the SEOC, the JIC, the agency Command Post, and at the Radiological Emergency Assessment Team located at Buckeye airport. The agency functions in both the Operations Section and Plans Section and deploys a PIO at the JIC to respond to public inquiry. For the last federally-graded Palo Verde exercise, the agency performance was found to be in compliance with all requirements and no Areas Requiring Corrective Action were identified. Communications, which include land-based phone lines, cellular phones, Sprint radios and radio dispatch were found to be satisfactory.

Wildfires and Floods

The agency has actively supported state efforts with respect to wildfires and floods. Notably at the fires on the Mogollon rim several years ago, assisting with livestock and animal relocation. A major lessoned learned from the Rodeo-Chediski fire was the value of pre-planning and a written plan for evacuating pets and livestock. This greatly facilitated the animal relocation efforts in advance of the wildfire

TOPOFF IV

ADA participated in the TOPOFF IV exercise in October 2007. Participation included assisting in writing script for the Master Scenario Event List (MSEL) which drove the exercise and participating in the planning sessions. In this exercise, agriculture staff made use of a long standing relationship with ARRA, in determining containment of the effects of the Radioactive Dispersal Device which was simulated to have been deployed by terrorists during the drill.

Lessons learned from the TOPOFF IV drill included the changes involved in responding to a radiation release which was not the result of an accident or human error. This included adapting the agency response from an incident at a fixed nuclear facility to an incident where the surroundings were not known to agency staff, including crops in the area and other unknown factors. It also allowed the agency an opportunity to work within a very large Unified Command structure including involvement at city, county, state, federal and international levels.

As a result of TOPOFF IV lessons learned, plans are being made to modify the agency response plan for a fixed nuclear facility to include acts of terrorism, specifically Radioactive Dispersal Devices (RDD) as an addendum to that document.

Appendix A.4

Ensure Ability to Respond to Agricultural Emergencies and Maintain Food Safety Net Programs

This appendix was written to include preparedness planning components from several agencies and programs including:

- Arizona Department of Health Services (ADHS) Public Health Veterinarian and Office of Infectious Diseases Programs
- ADHS United States Department of Agriculture (USDA) Nutrition Programs
- Arizona Department of Agriculture (ADA) programs (cross-referenced to Appendix A.3, Ensure Continuity of Food Supply System)
- Arizona Department of Economic Security (ADES) Food Stamp Program
- Association of Arizona Food Banks (AAFB)

Attachments and supporting documentation to this appendix include the following plans:

- Arizona Department of Agriculture, Combined Arizona State and Flock Initial Response and Containment Plan (ISRCP) for H5/H7 Low Pathogenic Avian Influenza (LPAI)
- Arizona Association of Food Banks Disaster Response Plan (and template for state and local food banks and providers)
- State Emergency Response and Recovery Plan (SERRP), Foreign Animal Disease (FAD) Incident Annex, dated December 2003

This appendix seeks to address planning and coordination components among Arizona's agricultural and food safety net programs as outlined in Emergency Support Function (ESF) 11 Agriculture and National Resources Annex of the National Response Framework.

PREPARE

Generic Operating Objectives for Critical Agricultural Programs

During an influenza pandemic that would require prioritization of ADA activities, the critical agricultural programs that would be continued include:

- meat inspection
- dairy inspection
- egg inspection
- animal health program safety issues (e.g. stray livestock on highways)
- surveillance and control of zoonotic reportable diseases in livestock such as tuberculosis and brucellosis,
- Arizona State Agriculture Laboratory residue monitoring and pathogen testing (e.g. brucellosis, pesticides, antimicrobials, mycotoxins).

The ADA Business Continuity Plan will be utilized to ensure that prioritization of these critical agricultural programs would be possible.

Federal Nutrition Assistance Programs and Agriculture Emergency Response Support

Agriculture Emergency Response Support

Even during an influenza pandemic, certain animal and plant diseases would require response from the state and federal agriculture officials to prevent impacts on the food supply, cost of food, international trade and the U.S. economy. Since the U.S. is a member of the Office of Epizooties (OIE), also known as the World Organization of Animal Health, reporting the occurrence or outbreaks of certain animal diseases is required as is response and containment to minimize impact of international trade restrictions that would result from certain reportable animal diseases. The ADA Business Continuity Plan will be utilized to ensure that prioritization of this critical agricultural program is possible.

Federal Nutrition Assistance Programs

The following nutrition assistance programs are administered by the State of Arizona and would be available to provide support in an influenza pandemic event:

- Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)
- Food Stamps (see ADES sections below)
- Commodity Supplemental Food Program (CSLP)
- Temporary Emergency Food Assistance Program (TEFAP)
- National School Lunch Program (NSLP)

ADES Disaster Food Stamp Program and Coordinated Hunger Program

In the event of a pandemic, ADES would coordinate closely with state partners and with federal partners, the U.S. Department of Agriculture, Food and Nutrition Service (USDA/FNS) to determine the need for and to provide for enhanced nutrition assistance for Arizona residents. If required, USDA/FNS may authorize the use of Disaster Food Stamp Program (DFSP) procedures. With DFSP, an abbreviated application is used, and eligibility and verification requirements are limited. These procedures allow for handling an expected increase in applications for benefits. ADES, in partnership with USDA/FNS, has successfully implemented the Disaster Food Stamp Program twice in recent years, during the Rodeo/Chediski Fire in 2002 and following Hurricane Katrina. These real life exercises resulted in lessons learned, which were incorporated into the annual review and revision of the DFSP Plan.

At ADES, there are two major programs that address the nutritional needs of families, the Food Stamp program and the Coordinated Hunger Program. Individuals and families who do not qualify for these programs or who need one-time assistance with food may receive help through a statewide network of food banks. The ADES Office of Community Partnership and Innovative Practices provides some financial support to Arizona's food banks.

The ADES Coordinated Hunger Program works with various federal, state and local organizations that provide food assistance to individuals and families and contracts with various hunger organizations to maximize resources. Among the services provided are food stamp outreach, food bank coordination, food boxes, commodities, coordination in rescuing produce

that otherwise would go to waste (also called gleaning), and information on where to obtain food when in need. The ADES Coordinated Hunger Program administers The Emergency Food Assistance Program (TEFAP) that provides commodities from the U.S. Department of Agriculture for low-income households and congregate meals through contracts with regional food bank warehouses and a statewide food bank organization. The Coordinated Hunger Program also develops the capacity and capability and provides technical assistance in both rural and metropolitan areas of the state for food gleaning, solicitation of donated food, collection, distribution and transportation activities.

Association of Arizona Food Banks (AAFB)

The AAFB consists of six member regional food bank warehouses serving more than 1,250 food pantries and human services agencies statewide. Food bank members distribute an average of 10 million pounds of food a month to low-income Arizonans. Each of the six member warehouses can have hundreds of food provider affiliates at the regional and local level in Arizona.

St. Mary's
Food Bank Alliance
Flagstaff & Phoenix
(602) 352-3640

United Food Bank
Tucson (520) 622-0525

Yuma Community
Food Bank
(928) 343-1243

Borderland Food Bank
Nogales (520) 287-2627

AAFB works closely with all six warehouses to ensure continuity of operations during an emergency or disaster. Members who are also members of America's Second Harvest or that contract with the State are required to develop and maintain both a Business Continuity Plan and Disaster Response Plan. These include:

- St. Mary's Food Banks
- United Food Bank
- Yuma Community Food Bank
- Community Food Bank Tucson

Guidance documents and detailed templates, developed in conjunction with partners at the Arizona Voluntary Organizations Active in Disaster (AZVOAD) and the Arizona Division of Emergency Management (ADEM), were provided to all member food banks.

Back-Up Personnel of State-Administered Nutritional Assistance and Agriculture Emergency Response Support

Back-Up Personnel for Agricultural Emergencies

ADEM provides preparedness support to ADA by assisting in development of response and recovery plans. For example, ADEM provided ADA assistance in developing the Foreign Animal Disease Annex to the SERRP. If a state of emergency is declared in Arizona due to an

animal or plant disease outbreak, ADEM and the county department of emergency management provides planning and some operational support during an animal disease outbreak. Upon request by the state, USDA Animal and Plant Health Inspection Service (APHIS) also provides planning and operations support, including response staff, to state agriculture agencies during certain reportable disease outbreaks in plants and animals. During an influenza pandemic, ADA would rely more heavily on USDA APHIS for planning and operations support.

Intermittent ADA employees may be used extensively to help support agency food inspections when regular staff are not available to do so for any reason. These employees would be called upon in the event of an emergency.

All four food inspection programs at the ADA have cross trained personnel to perform food-related inspections. These staff may be utilized within programs and between programs to support inspections where needed.

An additional backup available to the agency is the use of other state trained and licensed personnel. In spring of 2008, the Citrus, Fruit and Vegetable (CF&V) program made use of California state inspectors to perform leafy green inspections in Arizona. Federally-licensed and trained individuals may also be utilized and CF&V has and is utilizing these employees to support grading functions. These relationships are well established, and three of the programs have made use of state or federal employees to perform inspections and to federally license staff.

ADA's Business Continuity Plan (BCP) also takes into account agency needs for computer support in the event of an emergency. The agency BCP provides for computer support including temporary staffing from the Arizona Department of Administration (ADOA). This assistance will include managing local agency network functions, programming, computer support and related activities. ADOA also provides connectivity to the internet, as well as providing statewide information management.

Federal Nutrition Assistance Programs

Since state-administered nutrition assistance programs are housed in several state agencies within Arizona, each individual agency's BCP addresses continuity of essential services and functions such as food and nutrition assistance programs. For example, the ADHS BCP addresses maintaining essential services and functions for each division in the agency. The ADHS Bureau of USDA Nutrition Program is housed within the Public Health Services divisional BCP plan and identifies 2-deep back ups for each essential function within the Bureau.

ADES Disaster Food Stamp Program

The ADES Disaster Food Stamp Program Plan provides for the possibility that the state workforce may be reduced during a disaster. If there are Family Assistance Administration (FAA) local office closures or a reduction in available FAA staff in the impacted area, adjacent local office sites will be enhanced and expanded to handle additional staff relocated from unaffected areas of the state. If necessary, disaster application and issuance sites will be established in coordination with ADEM and American Red Cross within the disaster area and

staffed by FAA employees. Should Arizona experience a disaster so severe that the number of staff available is not sufficient to provide services to disaster victims, Arizona will contact its FNS partners to assist with the recovery effort.

Back-Up Personnel for Arizona Food Banks

Guidance documents and templates for BCP planning prompt food bank warehouse personnel to identify key personnel and back-up personnel including officers, staff, board members, and volunteers.

Alternative Approaches for State-Administered Nutritional Assistance Programs

Federal Nutrition Assistance Programs

The method of distributing food benefits will vary dependent upon the availability of the retail grocery system within the affected areas.

- WIC and Food Stamp Programs Retail grocery systems remain intact
 - o If the retail grocery stores continue to operate, WIC and food stamp benefits will continue to be distributed to eligible individuals for redemption at grocery stores. To facilitate delivery of benefits to clients limited by a lack of functioning transportation, WIC food instruments will be mailed to participants in the affected areas. Since food stamp benefits are provided to clients via a debit card system, no additional procedures will be required to distribute the benefits.
- WIC and Food Stamp Programs Retail grocery systems are not functional
 - o If the retail grocery system is not functioning within the affected areas, then both WIC and food stamp programs will not be available to clients. In these cases, distribution of food benefits will be limited to direct distribution of infant formula obtained from the contracted WIC Infant Formula provider.
- CSFP, TEFAP, and NSLP
 - Each of these programs maintains an inventory of USDA-provided commodities. In the case of pandemic influenza, these commodities would be available to assist in meeting the needs of individuals within the affected areas. Unless otherwise directed, these programs would continue to distribute commodities to eligible clients. If required, these programs would be able to provide food commodities to households or congregate meal service sites as directed.

ADES Disaster Food Stamp Program

The ADES Disaster Food Stamp Program Plan provides for the possibility that the state workforce may be reduced during a disaster. If there are Family Assistance Administration (FAA) local office closures or a reduction in available FAA staff in the impacted area, adjacent local office sites will be enhanced and expanded to handle additional staff to be relocated from unaffected areas of the state. If necessary, disaster application and issuance sites will be established in coordination with ADEM and American Red Cross within the disaster area and staffed by FAA employees. Should Arizona experience a disaster so severe that the number of staff available is not sufficient to provide services to disaster victims, Arizona will contact its

FNS partners to assist with the recovery effort. In addition, Food Stamp policies allow for waiver of face-to-face interviews in cases of hardship as defined by the state agency. The following concepts allow flexibility in the utilization of available resources to meet increased demand for services and alternative service delivery methods:

- Virtual Office
- Call Center
- Document Management System technology and practice (scanned documents placed in the FAA View Center in lieu of hard copy case files in local offices)
- Health-e-Arizona (Arizona's web-based application tool)
- Customer Contact (no interview is necessary if documentation submitted meets requirements)

The ADES Food Stamp program, combined with the support provided by the WIC program at ADHS and the Free and Reduced Lunch program through the Arizona Department of Education (ADE), help to minimize the risks of poor nutrition for Arizona families. Benefits for the Food Stamp program are provided through an Electronic Benefits Transfer (EBT) system. Debit cards can be used by participants at Automated Teller Machines and Point of Sale devices located at most grocery stores; this is applicable only if the individual has a Cash Assistance account through ADES. A manual voucher process is also available and can be implemented to issue food assistance if necessary during a disaster. Individuals or families may apply for food stamps at more than 90 local offices throughout the state.

Back-Up Personnel of State-Administered Nutritional Assistance and Animal Disease Response

Federal Nutrition Assistance Programs

Back-up personnel for state-administered nutrition assistance programs include:

- WIC state agency staff
- Local agency WIC clinic staff
- Family Assistance Agency local offices
- CSFP, TEFAP, and NLSP contract service providers

Arizona Department of Agriculture

The ADA State Veterinarian maintains a list of large animal veterinarians for rapid notification (e.g. fax, email, pagers, cell phone numbers, after hour contacts) during an emergency that may require assistance from these specialists.

The Arizona Livestock Incident Response Team has been formed through a cooperative effort between livestock owners, Arizona Cattlemen's Association, the University of Arizona, USDA, extension services, and ADA. This team includes primarily private practice veterinarian who have received training to examine livestock to rule out suspect foreign animal disease, to collect specimens and submit to the University of Arizona Veterinary Diagnostic Laboratory, which is a member of the National Animal Health Laboratory Network. Livestock owners, private practice

veterinarians, ADA livestock officers and other ADA staff have received training through an annual training conference.

The Arizona Veterinary Medical Association (AzVMA) requests their members on annual basis to indicate on their renewal form what types of services and facilities they are willing to provide during an emergency, their emergency contact information, fax number and email address. This list of veterinarians has been used in other emergencies, such as large forest fires, in Arizona.

Any ADA staff, including livestock officers, can be pulled from other duties to help address critical agriculture programs during a decrease in staffing during an influenza pandemic, as outlined in the ADA BCP.

Arizona Food Banks

Arizona food banks, with assistance from the AAFB, maintain a system of interconnectedness and support among all main food banks in Arizona. This includes sharing resources such as personnel, commodities, and equipment and supplies. The Arizona food banks will call on this support if any one food bank requested assistance. Additionally, because the four larger Arizona Food banks are members of American's Second Harvest/Feeding America, relief crews are available who are trained in disaster management and warehousing operations.

Reporting Operating Status of State Nutritional Assistance Programs and Agriculture Emergency Response

Federal Nutrition Assistance Programs

During period of normal operations, each of the state-administered nutrition assistance programs provides monthly status reports to the granting federal agency (USDA). In the case of pandemic influenza, the information gathered in these reports will be provided to emergency operations management agencies to provide information on operational status of the programs.

Arizona Department of Agriculture

A daily situation report would be generated, within the incident management system (IMS) established for the influenza pandemic response by the state. The incident management system established during an agriculture emergency response would continue to include daily situation reports specific for the response to the agriculture emergency, as outlined in the Foreign Animal Disease Annex of the SERRP.

Arizona Food Banks

The Arizona food banks that are members of the AAFB will report their operating status to the AAFB Executive Director or her designee through the State Emergency Operations Center (SEOC) Mass Care Branch under Operations. All food banks that are required to maintain Disaster Response and Business Continuity Plans have all AAFB phone numbers. During times

of previous disasters (wildfires, floods, etc.), the protocol has been to report the food banks' operating status at least three times per day to the AAFB liaison at the SEOC.

Agriculture and Nutritional Assistance Communication Plan

Federal Nutrition Assistance Programs

Communications from the various nutrition assistance programs will be conveyed by the staff of each program to either those agencies' internal Emergency Operations Center or via their liaison at the SEOC. For example, personnel from the ADHS Bureau of USDA Nutrition Programs will integrate into the Operations Section of the ADHS Public Health Incident Management System (PHIMS). The ADHS PHIMS will operate out the agency's Health Emergency Operations Center (HEOC). State and local resource requests will go through the ADHS SEOC liaison to the Bureau of USDA Nutrition Programs Group Supervisor at the ADHS HEOC.

Events would quickly evolve during a pandemic, and new information will be made expeditiously available to the public through the Arizona 2-1-1 (AZ 2-1-1). For example, a Presidential Declaration, which would trigger the Disaster Food Stamp Program, will be quickly announced. AZ 2-1-1 will also be used, in addition to internal agency communications, to communicate the availability of new programs or services to all State employees.

Arizona Department of Agriculture

The ADA Livestock and Poultry Hotline (1-888-742-5334) is currently established to receive inquiries and reports from the public, livestock owners, veterinarians, and other stakeholders concerning disease issues. The hotline recording would be updated to include information that is pertinent to an agriculture emergency. The ADA Public Information Officer (PIO) would interface with the Joint Information Center (JIC) at the SEOC, if operational during an influenza pandemic or if an agriculture emergency occurred that required for the SEOC to become established.

See Appendix B.9, Ensure Communication Capability during Each Phase of the Pandemic, for more detailed information on state and local emergency communications (both tactical and risk communications strategies).

Arizona Food Banks

The Arizona food banks that are members of the AAFB will communicate with and request resources to the AAFB Executive Director or her designee through the SEOC, Mass Care Branch under Operations. All food banks that are required to maintain Disaster Response and Business Continuity Plans have all AAFB phone numbers. As evident during times of previous disasters (wildfires, floods, etc.), the protocol is to report the food banks' operating status at least three times per day to the AAFB liaison at the SEOC.

RESPOND

Deploying Personnel and Back-Ups for Nutritional Assistance and Agriculture Emergency Response and Animal Disease Response Support Programs

Federal Nutrition Assistance Programs

Personnel providing nutrition assistance program services are stationed throughout the state. In the case of pandemic influenza, these individuals will initially continue to provide program benefits as usual. The majority of these program staffers are employees of contracted service providers such as county health departments, community health centers, and food banks. In coordination with these agencies, individuals will be available to move to specific geographical areas in response to critical needs. Since state-administered nutrition assistance programs are housed in several state agencies within Arizona, each individual agency's BCP addresses continuity of essential services and functions such as food and nutrition assistance programs.

ADES Food Stamp Program

The ADES Disaster Food Stamp Program Plan provides for the possibility that the state workforce may be reduced during a disaster. If there are Family Assistance Administration (FAA) local office closures or a reduction in available FAA staff in the impacted area, adjacent local office sites will be enhanced and expanded to handle additional staff to be relocated from unaffected areas of the state. If necessary, disaster application and issuance sites will be established in coordination with ADEM and American Red Cross within the disaster area and staffed by FAA employees. Should Arizona experience a disaster so severe that the number of staff available is not sufficient to provide services to disaster victims, Arizona will contact its FNS partners to assist with the recovery effort. In addition, Food Stamp policies allow for waiver of face-to-face interviews in cases of hardship as defined by the state agency. The following concepts allow flexibility in the utilization of available resources to meet increased demand for services and alternative service delivery methods:

- Virtual Office
- Call Center
- Document Management System technology and practice (scanned documents placed in the FAA View Center in lieu of hard copy case files in local offices)
- Health-e-Arizona (Arizona's web-based application tool)
- Customer Contact (no interview is necessary if documentation submitted meets requirements)

Arizona Department of Agriculture

The following will be utilized to support a response to an agriculture emergency during an influenza pandemic:

- The State Veterinarian-maintained list of large animal veterinarians
- The AzVMA list of veterinarians who have agreed to assist during an emergency
- The Arizona Livestock Incident Response Team (ALIRT)
- ADA staff from non-critical areas

If these state resources for back-up personnel are overwhelmed during an agriculture response, the ADA will request assistance from the USDA APHIS Veterinary Services (VS). USDA APHIS VS has a system utilized for previous animal disease events for recruiting veterinarians from other states for assistance.

Implementing Alternative Approaches for State-Administered Nutritional Assistance Programs

As described above, all alternative approaches for state-administered nutrition assistance programs will be implemented.

Federal Nutrition Assistance Programs

The method of distributing food benefits will vary dependent upon the availability of the retail grocery system within the affected areas.

- WIC and Food Stamp Programs Retail grocery systems remain intact
 - o If the retail grocery stores continue to operate, WIC and food stamp benefits will continue to be distributed to eligible individuals for redemption at grocery stores. To facilitate delivery of benefits to client limited by a lack of functioning transportation, WIC food instruments will be mailed to participants in the affected areas. Since food stamp benefits are provided to clients via a debit card system, no additional procedures will be required to distribute the benefits.
- WIC and Food Stamp Programs Retail grocery systems are not functional
 - o If the retail grocery system is not functioning within the affected areas, then both WIC and food stamp programs will not be available to clients. In these cases, distribution of food benefits will be limited to direct distribution of infant formula obtaining from the contracted WIC Infant Formula provider.
- CSFP, TEFAP, and NSLP
 - Each of these programs maintains an inventory of USDA-provided commodities. In the case of pandemic influenza, these commodities would be available to assist in meeting the needs of individuals within the affected areas. Unless otherwise directed, these programs would continue to distribute commodities to eligible clients. If required, these programs would be able to provide food commodities to households or congregate meal service sites as directed.

ADES Disaster Food Stamp Program

The ADES Disaster Food Stamp Program Plan provides for the possibility that the state workforce may be reduced during a disaster. If there are Family Assistance Administration (FAA) local office closures or a reduction in available FAA staff in the impacted area, adjacent local office sites will be enhanced and expanded to handle additional staff to be relocated from unaffected areas of the state. If necessary, disaster application and issuance sites will be established in coordination with ADEM and American Red Cross within the disaster area and staffed by FAA employees. Should Arizona experience a disaster so severe that the number of staff available is not sufficient to provide services to disaster victims, Arizona will contact its FNS partners to assist with the recovery effort. In addition, Food Stamp policies allow for

waiver of face-to-face interviews in cases of hardship as defined by the state agency. The following concepts allow flexibility in the utilization of available resources to meet increased demand for services and alternative service delivery methods:

- Virtual Office
- Call Center
- Document Management System technology and practice (scanned documents placed in the FAA View Center in lieu of hard copy case files in local offices)
- Health-e-Arizona (Arizona's web-based application tool)
- Customer Contact (no interview is necessary if documentation submitted meets requirements)

Arizona Food Banks

Arizona food banks, with assistance from the AAFB, maintain a system of interconnectedness and support among all main food banks in Arizona. This includes sharing resources such as personnel, commodities, and equipment and supplies. The Arizona food banks will call on this support if any one food bank requested assistance. Additionally, because the four larger Arizona Food banks are members of American's Second Harvest/Feeding America, relief crews are available who are trained in disaster management and warehousing operations.

Implementing Operating Status Reporting of Nutritional Assistance Activities and Agriculture Emergency Response to Stakeholders

Federal Nutrition Assistance Programs

Upon notification of a pandemic influenza event, the nutritional assistance programs will provide the current status of their programs to their respective agencies. This will include the operating status of the various clinics, available staff to operate clinics, and the impact of the influenza pandemic on current operations. The commodity programs will also provide the current available inventory of commodities and the availability of transportation assets.

Arizona Department of Agriculture

A daily situation report would be generated, within the incident management system (IMS) established for the influenza pandemic response by the state. The incident management system established during an agriculture emergency response would continue to include daily situation reports specific for the response to the agriculture emergency, as outlined in the Foreign Animal Disease Annex of the SERRP.

Arizona Food Banks

The Arizona food banks that are members of the AAFB will report their operating status to the AAFB Executive Director or her designee through the SEOC Mass Care Branch under Operations. All food banks that are required to maintain Disaster Response and Business Continuity Plans have all AAFB phone numbers. During times of previous disasters (wildfires,

floods, etc.), the protocol has been to report the food banks' operating status at least three times per day to the AAFB liaison at the SEOC.

Implementing Nutritional Assistance and Agricultural Emergency Response Communication Plan

As stated in "Prepare" above, the following communications strategies will be implemented among the nutrition assistance and agriculture emergency response programs.

Federal Nutrition Assistance Programs

Communications from the various nutrition assistance programs will be conveyed by the staff of each program to either those agencies' internal Emergency Operations Center or via their liaison at the SEOC. For example, personnel from the ADHS Bureau of USDA Nutrition Programs will integrate into the Operations Section of the ADHS Public Health Incident Management System (PHIMS). The ADHS PHIMS will operate out the agency's Health Emergency Operations Center (HEOC). State and local resource requests will go through the ADHS SEOC liaison to the Bureau of USDA Nutrition Programs Group Supervisor at the ADHS HEOC.

Events would quickly evolve during a pandemic, and new information will be made expeditiously available to the public through AZ 2-1-1. For example, a Presidential Declaration, which would trigger the Disaster Food Stamp Program, will be quickly announced. AZ 2-1-1 will also be used, in addition to internal agency communications, to communicate the availability of new programs or services to all State employees.

Arizona Department of Agriculture

The ADA Livestock and Poultry Hotline (1-888-742-5334) is currently established to receive inquiries and reports from the public, livestock owners, veterinarians, and other stakeholders concerning disease issues. The hotline recording would be updated to include information that is pertinent to an agriculture emergency. The ADA PIO would interface with the Joint Information Center at the SEOC, if operational during an influenza pandemic or if an agriculture emergency occurred that required for the SEOC to become established.

See Appendix B.9, Ensure Communication Capability During Each Phase of the Pandemic, for more detailed information on state and local emergency communications (both tactical and risk communications strategies).

Arizona Food Banks

The Arizona food banks that are members of the AAFB will communicate with and request resources to the AAFB Executive Director or her designee through the SEOC, Mass Care Branch under Operations. All food banks that are required to maintain Disaster Response and Business Continuity Plans have all AAFB phone numbers. As evident during times of previous disasters (wildfires, floods, etc.), the protocol is to report the food banks' operating status at least three times per day to the AAFB liaison at the SEOC.

Implementing Generic Operating Procedures for Critical Agriculture Programs

During an influenza pandemic that would require prioritization of ADA activities, the critical agricultural programs that would be continued include:

- meat inspection
- dairy inspection
- egg inspection
- animal health program safety issues (e.g. stray livestock on highways)
- surveillance and control of zoonotic reportable diseases in livestock such as tuberculosis and brucellosis.
- Arizona State Agriculture Laboratory residue monitoring and pathogen testing (e.g. brucellosis, pesticides, antimicrobials, mycotoxins).

The ADA Business Continuity Plan for will be utilized to ensure that prioritization of these critical agricultural programs would be possible.

RECOVER

Recovery efforts will continue through the request for federal assistance as administered by ADEM with support from affected state agencies. This includes the release of Stafford Act funding to begin social and economic community recovery efforts in Arizona.

Assigning Personnel to Assess Capability to Meet Pre-Pandemic Nutritional Assistance and Agriculture Emergency Response Programs

As stated in "Respond" above, the following programs will deploy personnel to both respond to and recover from the pandemic influenza event.

Federal Nutrition Assistance Programs

Personnel providing nutrition assistance program services are stationed throughout the state. In the case of pandemic influenza, these individuals will initially continue to provide program benefits as usual. The majority of these program staffers are employees of contracted service providers such as county health departments, community health centers, and food banks. In coordination with these agencies, individuals will be available to move to specific geographical areas in response to critical needs. Since state-administered nutrition assistance programs are housed in several state agencies within Arizona, each individual agency's BCP addresses continuity of essential services and functions such as food and nutrition assistance programs.

ADES Food Stamp Program

The ADES Disaster Food Stamp Program Plan provides for the possibility that the state workforce may be reduced during a disaster. If there are Family Assistance Administration (FAA) local office closures or a reduction in available FAA staff in the impacted area, adjacent local office sites will be enhanced and expanded to handle additional staff to be relocated from unaffected areas of the state. If necessary, disaster application and issuance sites will be

established in coordination with ADEM and American Red Cross within the disaster area and staffed by FAA employees. Should Arizona experience a disaster so severe that the number of staff available is not sufficient to provide services to disaster victims, Arizona will contact its FNS partners to assist with the recovery effort. In addition, Food Stamp policies allow for waiver of face-to-face interviews in cases of hardship as defined by the state agency. The following concepts allow flexibility in the utilization of available resources to meet increased demand for services and alternative service delivery methods:

- Virtual Office
- Call Center
- Document Management System technology and practice (scanned documents placed in the FAA View Center in lieu of hard copy case files in local offices)
- Health-e-Arizona (Arizona's web-based application tool)
- Customer Contact (no interview is necessary if documentation submitted meets requirements)

Arizona Department of Agriculture

The following will be utilized to support a response to an agriculture emergency during an influenza pandemic:

- The State Veterinarian-maintained list of large animal veterinarians
- The AzVMA list of veterinarians who have agreed to assist during an emergency
- The Arizona Livestock Incident Response Team (ALIRT)
- ADA staff from non-critical areas

If these state resources for back-up personnel are overwhelmed during an agriculture response, the ADA will request assistance from the USDA APHIS Veterinary Services (VS). USDA APHIS VS has a system utilized for previous animal disease events for recruiting veterinarians from other states for assistance.

See Appendix A.3, Ensure Continuity of Food Supply System, for more information regarding ADA's ability to meet pre-pandemic program requirements.

Assessing and Reporting on the Operational Capability to Meet Pre-Pandemic Level of Performance for Nutritional Assistance and Agriculture and Animal Disease Response Emergency Response Support Programs

As stated in "Respond" above, the following programs will assess and report on the operational capability of its respective program requirements to meet pre-pandemic conditions.

Federal Nutrition Assistance Programs

Upon notification of a pandemic influenza event, the nutritional assistance programs will provide the current status of their programs to their respective agencies. This will include the operating status of the various clinics, available staff, and the impact of the influenza pandemic on current operations. The commodity programs will also provide the current available inventory of commodities and the availability of transportation assets.

According to the ADHS BCP for the Division of Public Health Services, the ADHS Bureau of USDA Nutrition Programs has been identified as an essential agency function and is committed to being able to resume to normal operations within 30 days following an incident.

Arizona Department of Agriculture

A daily situation report will be generated, within the incident management system (IMS) established for the influenza pandemic response by the state. The incident management system established during an agriculture emergency response will continue to include daily situation reports specific for the response to the agriculture emergency, as outlined in the Foreign Animal Disease Annex of the SERRP.

See Appendix A.3, Ensure Continuity of Food Supply System, for more information regarding ADA's ability to meet pre-pandemic program requirements.

Arizona Food Banks

Specific recovery missions for food banks will be to make a public request to re-stock food bank supplies. All donations received will be managed through ADEM's Donations Management system and through assistance from America's Second Harvest/Feeding America.

Nutritional Assistance and Agricultural Emergency Response Communication Plan

In the last stages of a pandemic influenza event, all communications methodologies as outlined in Appendix B.9, Ensure Communication Capability During Each Phase of the Pandemic, will still be implemented. This includes preparing for the next pandemic wave and communicating the operating status of food safety net programs and agricultural emergency response programs.

Generic Operating Procedures for Recovering to Pre-Pandemic Critical Agriculture Programs

Arizona Department of Agriculture

The information management system (IMS) will still be operational during recovery from an influenza pandemic, and thus the prioritized critical agriculture programs will be evaluated throughout the response and recovery process within the resources made available through the IMS.

Testing and Exercising Agricultural Emergency Support Programs and Nutritional Assistance Programs

ADES Disaster Food Stamp Program

A real-life exercise in disaster management and subsequent self-assessment was encountered when Hurricane Katrina resulted in the relocation to Arizona of approximately 2,300 evacuee households. ADES took the lead in establishing fully integrated Family Transition Assistance

Centers for evacuees in two locations, with state and local agencies partnering to provide nearly 20 critical services to these evacuee families including, but not limited to, food stamps, cash assistance, housing, health insurance, transportation, employment services, child care, and mental health/substance abuse services. During both the Hurricane Katrina aftermath and the Rodeo/Chediski Fire in 2002, DES successfully implemented its Disaster Food Stamp Program (DFSP). Assessment of the effectiveness of these efforts provided valuable lessons learned that have enhanced emergency planning efforts.

Agricultural Emergencies Exercises

On January 18, 2007, ADHS and ADA sponsored the Avian Influenza: Worker Protection Modified Tabletop Exercise at the Arizona State Health Laboratory. The exercise was a biological agent tabletop that required a response to an avian influenza outbreak in poultry. The tabletop gave participants the opportunity to discuss and evaluate concepts, plans, and capabilities for a response to a fictional avian influenza outbreak in poultry. The exercise focused on key Federal, State, and local notification and communication coordination as well as identification and utilization of personal protective equipment (PPE) assets necessary to protect workers lives.

Major strengths included:

- Good working relationships exist between ADA, ADHS, ADEM, and USDA.
- There are written procedures in place that outline the notification processes that would be used for a Foreign Animal Disease (FAD) outbreak within Arizona.
- The existing SERRP, FAD Incident annex provides information about the roles and responsibilities various agencies will have during a declared state of emergency for a FAD incident, including detailed notification procedures and various methods for ensuring that worker protection is in place.
- ADOA has been working with the ADA in worker protection efforts for ADA staff.

Primary areas for improvement included:

- Clarifications, revisions, and/or additions to the existing ADA response plans, protocols, and procedures for an avian influenza or other zoonotic FAD incident in lieu of a declared state of emergency need to be made and put into place.
- Timely and proper notification of an avian influenza or other zoonotic FAD incident to minimize the overall impact is needed. This will require clarifying and identifying the roles and responsibilities of the various agencies that will be part of the incident response.
- Focus needs to be placed on how the ADA will provide and/or secure a protected workforce to address an avian influenza or other zoonotic FAD incident, including acquisition of appropriate PPE and necessary prophylaxis.

ADHS, in partnership with ADA and ADEM, conducted a series of exercises consisting of two tabletop exercises, adapted from the Council of State and Territorial Epidemiologists (CSTE)-provided tabletops, and a field exercise testing various types and levels of PPE.

The field exercise, conducted on October 26, 2007, evaluated various levels and types of PPE equipment under actual conditions. Only a select group of individuals were approved to be

present at a commercial poultry facility. Two industrial hygienists and six veterinarians were allowed to participate.

The first tabletop in this series was conducted on October 31, 2007 and was primarily focused on surveillance, control, notification, and response plans. This tabletop exercise discussed an outbreak of a low pathogenic avian influenza (LPAI) strain among poultry that mutated to a highly pathogenic avian influenza (HPAI) strain. Exercise participants were divided into 10 table groups. As part of this exercise a model mass avian influenza response worker preparation unit was presented. This unit would be organized along the lines of a point of mass dispensing or a soldier preparedness unit. Additionally, participants were briefed on the field exercise evaluating PPE for response workers in a commercial poultry setting.

The last tabletop in this series was conducted on February 16, 2008 and focused on epidemiological response to an outbreak of HPAI with some transmission to humans. During this exercise participants were divided into 9 groups of 8 or 9 individuals to discuss how a multidisciplinary response would best be coordinated and conducted. For both tabletop exercises, groups were mixed to ensure various disciplines were distributed among the tables: industrial hygienists, risk managers, epidemiologists, public health preparedness staff, veterinarians, law enforcement officers, corrections officers, state and federal agriculture officials, and emergency management personnel. If a particular discipline was not represented at a table, an expert in the required field would float between groups to cover specific topics. Questions relating to high level policies were addressed in plenary discussions with the appropriate expert providing the information.

Appendix A.5 Uniformed Military Services

PREPARE

Meetings with Adjutant General and Key National Guard Leaders for Pandemic Influenza Planning

Governor Janet Napolitano established the Emergency Preparedness Oversight Council (EPOC) as a cabinet-level council in May 2006. EPOC is responsible for oversight of and recommendations to the Governor regarding emergency preparedness in Arizona.

The mission and goals of EPOC are:

- To bring together all entities involved in emergency preparedness planning, providing them with oversight and fostering collaboration and cooperation.
- To inform and update agency directors through monthly Cabinet meetings and trainings.
- To identify ways to maximize and leverage resources and address barriers impeding the progress of the State's preparedness efforts.
- To strengthen partnerships with local municipalities and private entities responsible for disaster mitigation, response, and/or recovery.
- To develop high-level protocols and procedures for recommendation to the Governor.

Pandemic influenza planning issues have been discussed at EPOC meetings during the 2007 and 2008 statewide pandemic influenza planning efforts. EPOC members consist of the following state agencies:

- Governor's Office
- Arizona Department of Health Services
- Arizona Department of Economic Security
- Arizona Health Care and Cost Containment System
- Arizona Radiation Regulatory Agency
- Arizona Department of Administration
- Government Information Technology Agency
- Arizona Division of Emergency Management
- Arizona Department of Public Safety
- Arizona National Guard
- Arizona Department of Corrections
- Arizona Department of Commerce
- Department of Fire, Building, and Life Safety
- Arizona Department of Agriculture
- Arizona Department of Water Resources
- Arizona Department of Liquor Licenses and Control
- Arizona State Land Department
- Arizona Department of Homeland Security
- Arizona Department of Juvenile Corrections
- Arizona Game and Fish Department

- Arizona Department of Environmental Quality
- Arizona Department of Transportation
- Arizona State Forestry Division

Spectrum of Arizona National Guard Domestic Support Capabilities

The Arizona National Guard (ANG) maintains a joint capabilities database which outlines resources, assets, and response capabilities that the State can access during a state of emergency. These include:

- Medical assistance
- Aviation capabilities and resources
- Transportation resources
- Communications capabilities
- Engineering capabilities
- Command and control capabilities
- Chemical/Hazardous Materials capabilities and response resources (through the 91st Civil Support Team (CST))
- Civil disobedience and law enforcement assistance
- Military police (supporting law enforcement capabilities)
- Logistical support and capabilities
- Storage resources
- Materiel movement capabilities

National Guard Capabilities of Surrounding States

The Arizona National Guard participates in the nationwide Emergency Management Assistance Compact (EMAC) with the neighboring U.S states. This compact allows Arizona to share resources with and receive assistance from neighboring states in the event that Arizona's capabilities are overwhelmed by an incident. It also contains a provision for lending resources or assistance to other states as evidenced by Arizona's participation in sheltering some displaced citizens after Hurricane Katrina and sending law enforcement, emergency management and fire fighting resources to the stricken states.

Joint Understanding of Roles and Responsibilities between ADHS and Arizona National Guard

The Adjutant General has been briefed by the Arizona Department of Health Services (ADHS) Public Health Officials and other key emergency preparedness and response partners regarding pandemic influenza planning issues through the Governor's EPOC as described above. Both the 2007 and 2008 pandemic influenza planning campaigns highlight the close working relationship all of these participating agencies have developed as a result of regular meetings and executive level intervention through EPOC.

Coordination between Arizona National Guard, ADEM, and ADHS

Planning and response coordination among the ANG, Arizona Division of Emergency Management (ADEM), and ADHS is documented in several plans. The following plans identify these coordination elements among ANG, ADEM, and ADHS:

- Arizona National Guard OPLAN07-AZ16 (Pandemic Influenza) to CONPLAN 07-100 MSCA (Military Support to Civilian Authorities) (Multi-Hazard)
 - o This Arizona National Guard Concept of Operations Plan outlines the roles and responsibilities of the Arizona National Guard during and following a pandemic influenza event. This plan includes a description of the specific mission, Arizona National Guard task assignments, and a listing of resources and response capabilities available. As noted in this plan, "ADHS is the primary state agency for Pandemic Influenza and will provide the Incident Commander to oversee all of the statewide activities. ADEM will operate the State Emergency Operations Center (SEOC) and provide other logistical support. ADHS and ADEM will work together, in conjunction with local health departments."
- Arizona State Emergency Response and Recovery Plan (SERRP), Influenza Pandemic Incident Appendix (DRAFT, dated January 2007)
 - This SERRP appendix supports pandemic influenza response capabilities among state, county, federal, voluntary, and private sector organizations. The role of the ANG is clearly defined:
 - Consistent with State law, the Governor may deploy National Guard as needed to prevent or respond to civil disturbances.
 - The response to an influenza pandemic could require, if necessary and appropriate, measures such as isolation or quarantine.
 - Pursuant to Arizona Revised Statutes (ARS) §26-306, the Director, Division of Emergency Management (ADEM): During a state of emergency or a local emergency, will coordinate the overall non-medial support and response actions of all state agencies at the National Guard.
 - The ANG is to provide medical assets of the Civil Support Team as requested and as available.
 - The ANG is to provide non-medical support as requested and as available, including transportation, personnel, equipment, etc.
- Arizona SERRP, Basic Plan (DRAFT, dated January 2007)
 - o The basic plan portion of the revised SERRP explains how National Guard assets are requested, "Request for National Guard assistance will be forwarded to the Director, ADEM via SEOC Operations. The Director will evaluate the request and make appropriate recommendations to the Governor, or if the National Guard has been activated, relay the request to DEMA Military Affairs Division SEOC liaison."

Arizona National Guard Pandemic Influenza Plan

The Arizona National Guard has developed the OPLAN07-AZ16 (Pandemic Influenza) to CONPLAN 07-100 MSCA (Military Support to Civilian Authorities) (Multi-Hazard). This plan directly references the ADHS Pandemic Response Plan.

Identification of Essential Arizona National Guard Domestic Response Capabilities

As discussed above, the ANG maintains resources, assets, and response capabilities that the State can access during a state of emergency. Cross-walked to the National Response Framework (NRF) Emergency Support Functions (ESFs), these include:

National Guard Capability as Identified by the NRF	NRF ESF	Arizona National Guard Response and Resource Capabilities					
Aviation and Airlift	ESF 1, 4, 9, and 13	Aviation capabilities and resources					
Communications	ESF 2	Communications					
Command and Control	ESF 5, 14, and 15	Command and control capabilities					
Engineering	ESF 3, 4, and 9	Engineering capabilities					
Logistics	ESF 6, 7, 11, and 12	Logistical support and capabilities					
Medical	ESF 8 and 11	Medical assistance					
CBRNE Response	ESF 10	Chemical/Hazardous Materials capabilities and response resources (through the 91 st Civil Support Team (CST))					
Maintenance	ESF 6, 7, 8, and 12	Storage resources and materiel movement capabilities					
Security	ESF 13	Civil disobedience and law enforcement assistance and military police (supporting law enforcement capabilities)					
Transportation	ESF 1	Transportation resources					

Arizona National Guard Personal Protective Equipment (PPE) Requirements

ADHS facilitated discussions with the ANG and provided guidance on PPE recommendations for ANG members. Attachment 1 provides a description of the recommended PPE for the ANG. Attachment 2 provides equipment and supply costs based on the number of ANG troops. ADHS has since purchased some of the recommended PPE for the ANG; this is stored with other ADHS-purchased PPE caches. The ANG does not currently stockpile antivirals for ANG members. The ANG does maintain other PPE for the Biowatch program such as full self-contained breathing apparatuses (SCBAs) and antibiotic caches such as ciprofloxacin and doxycycline. Antibiotic caches, however, would only be used for secondary infection due to the pandemic influenza virus.

Antiviral and Vaccine Distribution to Arizona National Guard

According to Arizona Revised Statutes §36-787, during a state of emergency in which there is a pandemic disease that poses a substantial risk of a significant number of human fatalities, the Governor, in consultation with the ADHS Director, may issue orders that ration medicine and vaccines, and provide for procurement of medicines and vaccines. Under these circumstances, ADHS will take the lead to direct the prioritization of limited antiviral supplies during an influenza pandemic.

In the pandemic alert periods, ADHS will establish a Vaccine and Antiviral Prioritization Policy Committee (VAPPC) composed of

- o Representative(s) from the Governor's office
- o State Epidemiologist
- o State physician(s)
- o ADHS influenza epidemiologist
- o Office of Infectious Disease Services office chief
- o ADHS administrator(s)
- o Arizona Immunization Program Office (AIPO) representative
- o Arizona Local Health Officers Association representative
- o Arizona Medical Association representative
- o Hospital Association representative
- o Arizona Emergency Medical Service representative
- o Arizona Pharmacy Alliance representative
- o Long-term care representative

The VAPPC will define how these priority groups will apply on a local level, and will define who should be included in the groups of public safety workers, essential service providers, and key governmental decision makers. During an influenza pandemic, the VAPPC will modify these priority groups as needed based on the availability of antiviral medicines and vaccine, the characteristics of the causative virus (e.g., drug susceptibilities, initial geographic distribution, fatality rate, age-specific morbidity and mortality rates) and the effectiveness of implemented strategies. The VAPPC is identified in Appendix #6 and #7 in the Arizona Pandemic Influenza Response Plan.

Department of Defense Beneficiaries and Medical Countermeasure Requirements

Those Department of Defense beneficiaries who receive their medical care from the civilian sector will be provided treatment through local level antiviral and vaccine allocation, distribution, and administration. The Arizona county and tribal health departments and hospital and healthcare facilities are responsible for administering antivirals and vaccines to its population. Antiviral allocation and distribution is described in Appendix B.5, Acquire and Distribute Medical Countermeasures. Vaccine allocation and distribution is described in Appendix B.6, Ensure Mass Vaccination Capability During Each Phase of the Pandemic. Further information about local health department responsibilities to distribute and administer

medications can be found in the Arizona Pandemic Influenza Response Plan dated June 2006 at: http://azdhs.gov/pandemicflu/pandemic flu plan.htm.

Local Health Department Coordination with Nearby Active Federal Military Installations

Local health departments work closely with military installations located within their jurisdiction. Local health departments and military installations have:

- Discussed allocation methodologies for antiviral and vaccines once the county receives its allocation from the state
- Discussed military installations vaccinating or prophylaxing their own personnel and families on base
- Worked closely with military medical personnel such as Infection Control Practitioners (ICPs)
- Participated in joint public health emergency preparedness and response exercises
- Worked closely to coordinate other pandemic influenza response activities
- Participated in joint public health emergency preparedness and response trainings

Coordination between ADEM and Principal Federal Official Regions from U.S. Northern Command (NORTHCOM)

The roles and responsibilities established for the Joint Field Office (JFO)/Principal Official during a pandemic are a federal responsibility. Reference the United States Department of Homeland Security (U.S. DHS) "Joint Field Office Activation and Operations, Interagency Integrated Standard Operating Procedure", Version 8.3, Interim Approval April 2006.

A JFO may be established in large scale disaster events. This is a temporary Federal/State facility, established locally to provide a central point for Federal, State, Local, and Tribal executives with responsibility for incident oversight, direction, and assistance to effectively coordinate protection, prevention, preparedness, response, and recovery actions. The Federal Coordination Officer (FCO) and the Principal Federal Officer (PFO) are the lead federal representatives in the JFO. The State Coordinating Officer (SCO) is the lead state representative.

The PFO, FCO and SCO will be supported by personnel as determined by the requirements of the mission. This may include technical subject matter experts and personnel in emergency response, disaster recovery, mitigation, and public information support roles. Once the JFO is fully activated, the SEOC will be stood down as the required SEOC personnel move into the JFO. It is important to note that the JFO is in a support role that ultimately supports front-line Incident Management Teams. This support role is coordinated through state and county emergency operations centers that may also be mobilized to support the mission.

ADEM and Local Emergency Management Department Coordination with Nearby Active Military Installations

County emergency management departments work closely with military installations within their jurisdiction. Local emergency management departments and military installations have:

- Participated in emergency response exercises (see Luke Air Force Base exercise description below)
- Participated in joint trainings (either in advance of exercises or separate trainings)
 - Crash landing and safe landing training (if military aircraft lands in civilian territory)
- Coordinated closely in response to real events such as Super Bowl 2008
 - Military installation personnel co-located within county emergency management departments

Testing and Exercising National Guard and Federal Military Base Plans

ANG pandemic influenza plans have not yet been specifically tested. However, ADHS and ADEM coordinate consistently with the ANG and federal military bases such as Luke Air Force Base on other public health emergency programs such as Biowatch and National Disaster Medical System (NDMS).

Phase I Sampling Team Exercise, Biowatch

The Phase 1 Sampling-Sampling Team Exercise was developed to test 91st CST and the Maricopa County Air Quality Division (MCAQD) Phase 1 Sampling capabilities. Included in these capabilities were the ability to conduct pre-brief and sampling equipment assessments; retrieval of samples and collecting samples in the area. The exercise planning team was composed of numerous and diverse agencies, including Department of Homeland Security, Maricopa County, and other Biowatch team members. The exercise planning team discussed the need to bring 91st CST and Maricopa County together to conduct sampling operations since these groups have not worked jointly and are the primary components of the Phase 1 Sample Teams.

Throughout the exercise, several opportunities for improvement in 91st CST and Maricopa County's ability to respond to the incident were identified. The primary areas for improvement, including recommendations, are as follows:

- Identification of what sampling equipment is best used in field
- More training in sample labeling

Luke Air Force Base NDMS Exercise

The Luke Air Force Base 56th Medical Group organized, planned, and conducted an NDMS exercise on April 23 to 24, 2007. Civilian agencies that participated in the exercise included:

- 24 local valley hospitals
- Phoenix Fire Department First Responders
- South West Ambulance Services
- Maricopa County Emergency Management Office
- American Red Cross
- 161st Air Refueling Wing of the Arizona National Guard
- Members from the 56th Fighter Wing

The scenario involved an earthquake in Hawaii and casualty numbers overwhelmed the local medical system. The NDMS system was activated to provide medical response, medical evacuation, and definitive medical care (Phoenix FCC mission). Phoenix FCC activated and prepared to receive inbound patients for definitive medical care.

The overarching objective of this exercise was to ensure the 56th Fighter Wing NDMS Plan can be executed successfully in a real world incident. The following were specific objectives that were exercised:

- Evaluate the patient transport system and processes
- Evaluate the communication systems and processes
- Evaluate the patient racking systems and processes

Recommendations from the exercise included:

- Utilize the EMSystem to enhance patient tracking and communications. Arizona Department of Health Services will help Luke coordinate this training.
- Begin planning earlier to ensure all organizations can include this exercise in their annual exercise plans. Consider other emergency management and healthcare organizations.
- Expand exercise next year to include transport to all hospitals. Hospitals could solicit volunteers, bus volunteers to Sky Harbor, transport back to hospitals to avoid logistics of returning patient volunteers to Sky Harbor.
- A real military transport airplane configured for patients would provide added realism to the exercise.
- Work with GPMRC at Scott AFB to input patients in the TRAC2ES Aeromedical Evacuation System training database to provide added realism. This will require several months pre-planning as the process is somewhat cumbersome.

Attachment 1

Recommended Hospital Equipment for National Guard Assisting ADHS

NOTES: Sample prices are not discounted but are current on line prices.

* Sizes starting at XL prices Increase

Item	Туре	Sizes	Packaging	Pr	ice	Description			
				Unit	Quantity				
Coveralls	Tyvek*	L, XXXL	25/ Cs	\$4.55	\$75.55	coverall, serged seams, attached hood, front zipper closure, elastic wrists, ankles, attached skid resistant boots			
Nitrile Gloves	Nitrile (N- DEX)	S,M,L,XL	100 bx 20 bx in Cs	\$9.98	\$190.00	100 percent nitrile, non-latex disposable glove. barrier protection against a variety of chemicals, greases, oils and blood borne pathogens			
Hospital Gowns	Isolation Gown	one size	Package 50	\$23.00		Knitted cuffs, waist and neck ties, and sewn seams make this a strong, highly fluid repellent isolation gown. Latex free.			
Shoe covers	disposable	one size	100 pack	\$9.00		Disposable Skid-Resistant Woven Shoe Cover - Pack of 100			
Bouffant caps	disposable	one size	100 box	\$5.00		O.R. Blue Bouffant Nurse Caps			
Barrier Protective Glasses	disposable	one size	10 pack	\$36.00		Can be worn over regular glasses, Designed to give maximum peripheral vision, lighweight, side shields			
surgical masks	disposable	one size	case of 300	\$288.00		The face mask with shield is designed to reduce the exposure of the wearer to potentially contaminating fluids. The two components are the comfortable and efficient earloop face mask and the clear plastic wrap-around shield. Mask and shield exceed AORN standards, ensuring staff protection against air borne particulates. The two outer layers of the earloop face mask help prevent leakage, assuring staff safety, while the innermost layer is soft and smooth for a more comfortable fit. The shield can be worn with eye glasses underneathe and even helps eliminate eye glass fogging, ensuring better staff efficiency.			
surgical masks molded	disposable	one size	50 pack	\$10.98		1834 Anti-Fog Surgical Mask with non-adhesive film. Designed to meet OSHA requirements for reducing exposure to blood and body fluids, this mask has medical grade non-adhesive film that helps secure it to the face and is designed to redirect exhaled air away from protective eyewear to reduce fogging.			

N-95	Kimberly Clark Duckbill	one size	50 box	\$49.95	Kimberly Clark Tecnol N95 Particulate Filter Respirator and Surgical Mask has a pouch style, NIOSH approved respirators provide 95% filtration efficiency at 0.3 microns which meets NIOSH requirements for N95 respirators. Two bands secure the mask to the face to help ensure a tight facial seal and prevent leakage around the mask edges.
N-95	series 3100	S, M, L, Low Profile	20 box	\$24.95	approved by NIOSH for an N95 respirator, provides an easier, more comfortable fit without mussing hair. A pinch-free nose bridge eliminates the discomfort of metal nose bands and alleviates fogging.

Note it is good to use 2 different types and brands of N-95 respirators as normally you cannot fit test everyone in a single brand or style.

Attachment 2 Pricing for Recommended Arizona National Guard PPE

	TOTAL COST PER AZNG UNIT OF TROOPS														
Number of AZNG Troops	#	cost	Coveralls, Tyvek (XXXL)	#	cost	Coveralls, Tyvek (XL)	#	cost	Coveralls, Tyvek (M)	#	cost	Hospital Isolation Gowns (one Size)	#	cost	Shoe covers (One Size Disposable)
50 personnel	10	\$75.55	\$755.50	24	\$75.55	\$1,813.20	6	\$75.55	\$453.30	8	\$23.00	\$184.00	8	\$9.00	\$72.00
100 personnel	20	\$75.55	\$1,511.00	50	\$75.55	\$3,777.50	10	\$75.55	\$755.50	10	\$23.00	\$230.00	16	\$9.00	\$144.00
200 personnel	40	\$75.55	\$3,022.00	100	\$75.55	\$7,555.00	20	\$75.55	\$1,511.00	12	\$23.00	\$276.00	30	\$9.00	\$270.00
300 personnel	24	\$75.55	\$1,813.20	65	\$75.55	\$4,910.75	18	\$75.55	\$1,359.90	12	\$23.00	\$276.00	48	\$9.00	\$432.00
500 personnel	42	\$75.55	\$3,173.10	165	\$75.55	\$12,465.75	30	\$75.55	\$2,266.50	16	\$23.00	\$368.00	80	\$9.00	\$720.00
						TOTA	L COS	T PER AZNG	UNIT OF TRO	OPS					
Number of AZNG Troops	#	cost	Bouffant caps (One Size Disposable)	#	cost	Barrier Protective Glasses (One Size Disposable)	#	cost	surgical masks (One Size Disposable)	#	cost	N-95 Kimberly Clark Duckbill (Regular)	#	cost	N-95 Kimberly Clark Duckbill (small)
50 personnel	8	\$5.00	\$40.00	8	\$36.00	\$288.00	3	\$288.00	\$864.00	5	\$49.95	\$249.75	4	\$49.95	\$199.80
100 personnel	16	\$5.00	\$80.00	14	\$36.00	\$504.00	6	\$288.00	\$1,728.00	10	\$49.95	\$499.50	6	\$49.95	\$299.70
200 personnel	30	\$5.00	\$150.00	30	\$36.00	\$1,080.00	16	\$288.00	\$4,608.00	20	\$49.95	\$999.00	8	\$49.95	\$399.60
300 personnel	48	\$5.00	\$240.00	40	\$36.00	\$1,440.00	24	\$288.00	\$6,912.00	30	\$49.95	\$1,498.50	10	\$49.95	\$499.50
500 personnel	80	\$5.00	\$400.00	60	\$36.00	\$2,160.00	45	\$288.00	\$12,960.00	45	\$49.95	\$2,247.75	25	\$49.95	\$1,248.75
						TOTA	L COS	T PER AZNG	UNIT OF TRO	OPS					
Number of AZNG Troops	#	cost	Nitrile Gloves (XL)	#	cost	Nitrile Gloves (L)	#	cost	Nitrile Gloves (M)	#	cost	Nitrile Gloves (S)	#	cost	N-95 3M series 3100 (one size)
50 personnel	7	\$9.50	\$66.50	10	\$9.50	\$95.00	10	\$9.50	\$95.00	7	\$9.50	\$66.50	4	\$24.95	\$99.80
100 personnel	14	\$9.50	\$133.00	20	\$9.50	\$190.00	20	\$9.50	\$190.00	7	\$9.50	\$66.50	6	\$24.95	\$149.70
200 personnel	30	\$9.50	\$285.00	50	\$9.50	\$475.00	50	\$9.50	\$475.00	10	\$9.50	\$95.00	8	\$24.95	\$199.60
300 personnel	50	\$9.50	\$475.00	80	\$9.50	\$760.00	80	\$9.50	\$760.00	20	\$9.50	\$190.00	10	\$24.95	\$249.50
500 personnel	80	\$9.50	\$760.00	130	\$9.50	\$1,235.00	130	\$9.50	\$1,235.00	50	\$9.50	\$475.00	25	\$24.95	\$623.75

Number of AZNG Troops	TOTAL COST FOR 2 WEEK DEPLOYMENT AT A 3 SHIFT 24 - 7 WORK SCHEDULE
50 personnel	\$5,342.35
100 personnel	\$10,258.40
200 personnel	\$21,400.20
300 personnel	\$21,816.35
500 personnel	\$42,338.60

NOTES AND ASSUMPTIONS:

- 1. Deployment will be 21 weeks long, soldiers will work 3 shifts covering 7 days wk 24hrs
- 2, Hospital Infection Control Gowns washed daily
- 3. Sizing via duct tape will be used as necessary (white duct tape can be purchased)
- 4. N95 and Glasses will be reused until dirty or beyond repair

Appendix A.6 Sustain Transportation Systems

OPERATING SUB-OBJECTIVE A.6.1: KEEP GOODS AND PEOPLE MOVING

RESPOND

Communicating with Transportation Authorities

Arizona Department of Transportation (ADOT)

Arizona Department of Emergency Management (ADEM) maintains the State Emergency Response and Recovery Plan (SERRP), which outlines and promotes cooperation between jurisdictions within the state, interstate, federal, and international. Arizona Department of Transportation (ADOT) participates and supports this effort as well as coordinates with other agencies including:

- Arizona Department of Public Safety (AZDPS)
- County Emergency Operations Centers
- Federal Highway Administration
- Federal Motor Carrier

In addition ADOT, AZDPS, and ADEM have established a joint operations working group that is tasked with developing joint operations procedures between California, Nevada and Arizona. This group will be expanded to include Utah and New Mexico in the near future. Quarterly meetings are scheduled for this year. The working group was established as a result of the mass evacuation and reception planning that is ongoing in these states. The planning team was formed after a joint meeting in Nevada in April 2008. No operational agreements exclusive to this process are in place and exchanges of operational plans and joint operations planning are not expected to take place until early 2009.

The development of the State Mass Evacuation and Reception Plan has led to the establishment of a previously critically lacking joint operations capability in the state. This joint operations capability will provide the command, control, communications and information system necessary to conduct large-scale operations throughout the state. Integral to the plan is the establishment of a similar joint operations capability in each of the counties. This provides Arizona with an operational decision making body that extends from the local level to the executive with the ability to establish and maintain contact with field operations and incident and unified commanders.

METRO Light Rail System

The METRO Light Rail System (METRO) is Arizona's first mass transit system. The following cities currently participate in the light rail system: Phoenix, Mesa, Chandler, Tempe, Scottsdale, and Glendale. The light rail system will be open for passenger operation in December 2008. The line that will be opening in December is 20 miles and begins at 19th Avenue and Bethany Home Road in Phoenix, passes through Tempe, and ends at Sycamore and Main in Mesa.

The ridership is projected to carry approximately 26,000 per day, and the system will operate 20 hours per day, seven days a week.

A METRO Emergency Management Plan (referenced and attached to this plan), written and maintained by the Valley METRO Rail Agency, was developed in August 2007 and addresses issues such emergency response coordination with outside agencies and response to general emergencies and disaster situations. Key components of the light rail system and emergency management integration include:

- The light rail system Operations Control Center (OCC) will be co-located (same building, different room) with the City of Phoenix Transit Department OCC for the bus system.
- The light rail OCC will be equipped with a direct line to the Phoenix Alarm Room and public safety personnel.
- There is little interaction between light rail personnel and passengers since rail operators are enclosed within a cab.
- There is no interaction between personnel and passengers for ticketing. Ticketing is done through machines, retail establishments, on-line, etc.
- There is significant interaction between Fare Inspectors and passengers. Fare Inspectors randomly inspect passengers to ensure they have maintained the integrity of proof of payment. Fare Inspectors will be equipped with hand sanitizer.

The plan does not yet address public health emergencies such as pandemic influenza. However, this plan is being revised in summer 2008 and will address the following issues:

- Cleaning and sanitizing rail cars and other structures
- Notifying passengers of community mitigation interventions such as travel restrictions, appropriate use of personal protective equipment, etc.
- Communicating instructions to personnel to detect sick passengers
- Communications with local public health departments and emergency management departments
- Implementing recommended community mitigation interventions and reconvening service
- Protecting light rail personnel
- Continuity of operations based on reduction in workforce

Essential Transportation Services, Functions, and Processes

ADOT maintains a database of alternate routes. Also in the mass evacuation / reception plan, emergency routes are identified. First Responder and Alternate Routes have been established as part of the Mass Evacuation and Reception planning. The activation and control of these routes will rest with the State Joint Operations Center (SJOC).

ADOT has participated in the Continuity of Operations Planning (COOP) efforts between state agencies. In the past few years, Critical Business Functions have been identified to ensure inclusion in COOP efforts. ADOT's Critical Business Functions include:

• State Level

- SERRP Emergency Support Function (ESF) #1 Transportation and Infrastructure
- Aeronautics Grand Canyon National Airport operations firefighters and support of secondary airports
- Safe routes for public, Traffic Operations Center, and traffic control on state highway
- o Fuel supply (first responders) and equipment services (heavy equipment)
- ADOT Level
 - o SERRP ESF #3 Public Works and Engineering
 - o SERRP ESF #10 Oil and Hazardous Materials (highway and incidents)
 - Service Delivery Motor Vehicle Division (MVD) Records, Customer Service, and Call Center
 - o Service Delivery MVD Enforcement (Ports of Entry)
 - o Service Delivery Safety and health of employees and the public at delivery points of service

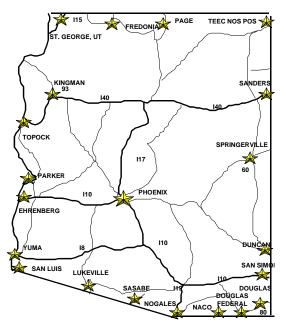
Continuity of Essential Cargo

Although cargo is not part of ADOT's mission, the Ports of Entry (POEs) will assist any movement of cargo as much as possible. In Arizona, there are six international ports of entry, 15 state line ports of entry, one central port of entry, and three mobile enforcement units. The POEs will assist in a pandemic influenza event in the following manner:

State POEs

- Detain vehicles at the direction of Centers for Disease Control (CDC)
- Obtain route information from the carrier and provide CDC with the carrier information
- Contact PrePass and suspend all authorized carrier bypass rights and require them to enter the ports of entry for physical inspection and obtain their route information
- Central Permits will be required to obtain and document information about the cargo, its origin, where it was loaded, traveled routes, and final destination
- destination
 Central Permits shall report that information the inbound ports and the outbound states,
 CDC and other entities at CDC's direction.
- Coordinate operations and activities with the Arizona Trucking Association and American Association of Motor Vehicle Administrators (AAMVA) with shared information
- Coordinate operations with AZDPS and local law enforcement jurisdictions to safely secure suspected contaminated cargo

ARIZONA PORTS OF ENTRY



- Set up mobile enforcement details at designated bypass and circumvention routes.
- Coordinate carrier information with all contiguous to ensure all outbound and inbound carriers are thoroughly documented
- Assign non-port of entry personnel to the fixed ports of entry for maximum coverage

International Border Ports

- Detain vehicles at the direction of CDC
- Coordinate and exchange cargo information between US Customs, Federal Motor Carrier Safety Administration (FMCSA) and MVD
- Obtain route information from the carrier and provide CDC with the carrier information
- Coordinate the permitting process between the Mexican Brokers and MVD
- Obtain and document information about the cargo, its origin, where it was loaded, traveled routes, and final destination
- Report all information about the Mexican carriers directly to CDC and other entities at CDC's direction
- Coordinate operations and activities with the Arizona Trucking Association and AAMVA with shared information
- Coordinate operations with FMCSA, AZDPS and local law enforcement jurisdictions to safely secure suspected contaminated cargo
- Set up mobile enforcement details at designated bypass and circumvention routes.
- Deploy the Mobile Enforcement Van to areas that are highest in probability of contamination
- Assign non-port of entry personnel to the fixed ports of entry for maximum coverage

Procedures for Surges and/or Declines in Transportation Modes

ADOT is part of the State Emergency Operations Center (SEOC) to provide support as necessary. The ADOT Traffic Operations Center (TOC) maintains the 511 voice and www.az511.gov information. The ADOT TOC administers the "floodgate" messages when interstate closures take affect or evacuation procedures are needed. The ADOT TOC also controls the variable message boards throughout the state to help communicate any information to the public (i.e., direct people to the www.az211.gov site for CDC and other emergency information).

Surge planning is limited to highway use only and is incorporated in the State Mass Evacuation and Reception Plan. The plan addresses air transportation that outlines the integration of ground and tactical air lift operations. However, the emphasis in that plan is primarily for the movement of vulnerable and special needs populations and not the general public.

Cleaning/Sanitizing Methods

Although ADOT does not transport cargo, ADOT will implement cleaning and sanitizing methods as directed by the Arizona Department of Health Services (ADHS) and/or CDC for MVD Customer Service Delivery Points and Port of Entry areas.

As stated earlier, the METRO Emergency Management plan does not yet address public health emergencies such as pandemic influenza. However, this plan is being revised in summer 2008 and will address cleaning and sanitizing rail cars and other structures.

Memoranda of Agreements

Memoranda of Agreements (MOAs) are in place with neighboring jurisdictions. Arizona is a signatory to the Emergency Management Assistance Compact (EMAC) addressed by Arizona Revised Statutes (ARS) §26-402. This compact allows Arizona to share resources with and receive assistance from neighboring states in the event that Arizona's capabilities are overwhelmed by an incident. It also contains a provision for lending resources or assistance to other states as evidenced by Arizona's participation in sheltering some displaced citizens after Hurricane Katrina and sending law enforcement, emergency management and fire fighting resources to the stricken states.

Requests for Waivers

ADOT Policies and Procures are in place for any acceleration of authorization. For example, the Arizona Motor Vehicle Division, Enforcement Services Program (MVES) provided assistance to the Federal Emergency Management Agency (FEMA) relief efforts resulting from the Hurricane Katrina disaster in September 2005.

Ports of entry personnel provided assistance in these relief efforts by adopting the following temporary program operational changes:

- Interstate ports of entry remained operational on a 24/7 schedule by utilizing and rotating personnel from other areas to augment and relieve current staffing. The 24-hour coverage at the major interstate ports made services available at any hour of the day when requested by FEMA.
- Central Permits were staffed from 6:00 a.m. 10:00 p.m., each day including weekends to establish routes and issue permits to FEMA relief responders at no fee.
- Radio Room hours of operation were staffed 5 a.m. 10:00 p.m. Monday through Friday, and 7:00 a.m. 5:30 p.m., on Saturdays to enhance communications for immediate deployment
- All ports were readily available and equipped to immediately respond to provide escorts for emergency FEMA relief carriers who were transporting water, medical supplies, equipment, food and other goods to the affected regions.
- All three SPRINT trailers (Mobile Ports) were taken out of service and dedicated to be used solely for FEMA relief operations. One SPRINT trailer was deployed to Tucson and the remaining two were assigned at the Phoenix coliseum. The deployment of these units was used to prepare and issue identification cards to the displaced citizens who lost all their possessions from this disaster.
- MVES personnel provided escorts through Arizona when DPS or private contracted services were unavailable.

Communicating with Federal Operations Centers

ADOT is part of the SEOC. Consistent communication will flow through the SEOC (or at the same time) to the Federal Operations Center to ADOT's federal counterparts. Other transportation authorities will also be notified, as appropriate. Again, ADOT TOC could use a "floodgate" message on 511 telephone service.

RECOVER

Normal Operating Levels and Preparing for Another Wave

ADOT's policies and procedures are in place to have accelerated authority granted on a case by case basis. Existing policies and procedures continue, even through the incident. Returning to normal and working with the back-log are then addressed when the incident is under control. As with other incidents (fire, for example), assessment of the incident is made to determine if the incident is truly over or just slowed. This is another area where 511 phone and/or website will alert the motorists of roads opening or closing, and also refer callers to 211 for evacuation centers to obtain supplies, gasoline, etc.

Best Practices or Lessons Learned

As with any incident, best practices and lessons learned are reviewed, documented, and corrective action plans implemented. The Homeland Security Exercise and Evaluation Program (HSEEP) model provides a standardized methodology (templates) for after action report development and improvement planning. The templates are used for all state agency-sponsored exercises. State agencies and partners continue to foster a supportive relationship with the preparedness community, aiding in the development of compliant documentation which helps to ensure consistent planning, execution, and improvement planning for all exercises in the state. Additionally, state agencies have implemented a policy of following the HSEEP guidelines with regard to after action reports. Strict guidelines are in place for the finalization of after action reports (60 days), improvement plans and corrective actions. Corrective actions are always assigned to a specific section, organization, or role within the sector-specific system with a definitive date for the implementation of a specific corrective action.

OPERATING SUB-OBJECTIVE A.6.2: PROTECT TRANSPORTATION WORKERS

RESPOND

Providing Guidance to Essential Employees Who Must Travel

ADOT will activate their Emergency Operations Center to consider and potentially restrict state-wide travel to reduce the spread of an outbreak. ADOT has a safety officer and safety department. They will integrate into the ADOT Emergency Operations Center and receive the necessary direction from ADHS and/or CDC on how to advise employees based upon specific conditions of the pandemic influenza outbreak.

Updating Transportation Workers on Cleaning/Sanitizing Procedures

ADOT uses e-mail and intranet to communicate essential information to employees. ADOT will also post links to Arizona 2-1-1 (AZ 2-1-1) for additional information on cleaning/sanitizing procedures for conveyances such as the MVD Customer Service Delivery points and the Ports of Entry areas.

For the METRO Light Rail System, ADHS and Maricopa Department of Public Health (MCDPH) will advise local agencies on cleaning and sanitizing the light rail system. This information will also be shared with the Phoenix Alarm Room that directly connects to the light rail's OCC.

Issuing Instructions to Workers on Detecting Sick Passengers

ADOT does not interact with passengers. Any such advice received, will be translated in dealing with co-workers to ensure reduced impact on agency personnel.

As explained above for the METRO Light Rail System, communicating instructions to personnel to detect sick passengers will be addressed in the revised METRO Light Rail Emergency Management Plan.

RECOVER

Disinfection of Workplaces Before Returning to Work

ADOT will disseminate instructions as received from ADHS and the CDC. ADHS and local health departments will consult with safety officers and physicians on staff to draft guidance relating to disinfection of workplaces.

Communicating with Employees on Resumption of Normal Duties

ADOT's Emergency Operations Center (EOC) and Core Team personnel will make determinations on how normal duties and working hours will be resumed. ADOT will incorporate the use of e-mail and internet communication as well as supervisor call trees to communicate when resumption of normal duties has been directed.

Re-Stocking Supplies to Prepare for another Possible Pandemic Wave

ADOT will restock supplies as available. As with any incident, best practices and lessons learned will be reviewed and documented and corrective action plans implemented prior to the next wave of the pandemic.

Integrating Best Practices and Issuing After Action Reports

As with any incident, best practices and lessons learned are reviewed, documented, and corrective action plans implemented. The Homeland Security Exercise and Evaluation Program

(HSEEP) model provides a standardized methodology (templates) for after action report development and improvement planning. The templates are used for all state agency-sponsored exercises. State agencies and partners continue to foster a supportive relationship with the preparedness community, aiding in the development of compliant documentation which helps to ensure consistent planning, execution, and improvement planning for all exercises in the state. Additionally, state agencies have implemented a policy of following the HSEEP guidelines with regard to after action reports. Strict guidelines are in place for the finalization of after action reports (60 days), improvement plans and corrective actions. Corrective actions are always assigned to a specific section, organization, or role within the sector-specific system with a definitive date for the implementation of a specific corrective action.

OPERATING SUB-OBJECTIVE A.6.3: PROTECT THE PUBLIC WHILE USING TRANSPORTATION SYSTEMS

RESPOND

Issuing Transportation Travel Advisories

In addition to other communication methodologies, travel advisories and/or restrictions will be communicated through the AZ 2-1-1 and the AZ511 systems. ADOT is part of the SEOC to provide support as necessary. The ADOT TOC maintains the 511 voice and www.az511.com information. ADOT TOC also controls the variable message boards throughout the state to help communicate any information to the public (i.e., direct people to the www.az211.com site for CDC and other emergency information). Based on the recommendations by CDC, health-related information including travel restrictions and advisories will be compiled by ADHS and the local health department. ADOT TOC also has a paging system in place to send out Level1 pages to the ADOT All or Admin groups.

The amount of text to be displayed on the over-highway message boards is limited. For example, ADOT would post a display message on the AZ511 system to seek further information on the AZ 2-1-1 website and/or 211 call center. The 511 system has the capability to display a general message (pagegate) before all other options are available. ADOT will post an informational message on any travel advisories for the public due to the pandemic and/or direct them to AZ 2-1-1 for further information.

As explained above for the METRO Light Rail System, communicating travel advisories and personal protective equipment recommendations to passengers will be addressed in the revised METRO Light Rail Emergency Management Plan.

See Appendix B.9 for more information on how messages are fully communicated to the public.

Issuing Advisories on Safe Transportation

In addition to other communication methodologies, advisories on safe travel will be communicated through the AZ 2-1-1 and the AZ511 systems. ADOT is part of the SEOC to provide support as necessary. The ADOT TOC maintains the 511 voice and www.az511.com

information. ADOT TOC also controls the variable message boards throughout the state to help communicate any information to the public (i.e., direct people to the www.az211.com site for CDC and other emergency information). Based on the recommendations by CDC, health-related information including safe travel and Personal Protective Equipment (PPE) recommendations will be compiled by ADHS and the local health department.

As explained above for the METRO Light Rail System, communicating travel advisories and personal protective equipment recommendations to passengers will be addressed in the revised METRO Light Rail Emergency Management Plan.

See Appendix B.9 for more information on how messages are fully communicated to the public.

Initiating Public Service Announcements and Public Safety Campaigns

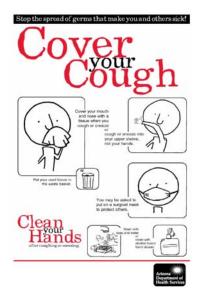
ADOT is part of the SEOC to provide support as necessary. The ADOT TOC maintains the 511 voice and www.az511.com information. ADOT TOC also controls the variable message boards throughout the state to help communicate any information to the public (i.e., direct people to the www.az211.com site for CDC and other emergency information).

ADHS has developed specific messaging regarding pandemic influenza preparedness for the Just in Case Arizona campaign. Governor Janet Napolitano unveiled a campaign in September 2006 to help Arizona residents take steps to prepare for all types of emergencies at home, school and work. "Just in Case Arizona," a statewide emergency preparedness campaign sponsored by ADHS, is part of a continuous effort to ensure that Arizonans are prepared to respond to emergencies. Residents can access a broad range of information, including checklists and family plans, through the "Just in Case Arizona" Website (www.az211.gov).

The campaign's goal is to educate Arizonans about the importance of emergency preparedness

and encourage residents to take action. ADHS is working with local public health agencies, schools, community groups, and businesses across the state to raise awareness to ensure we are all better prepared for an emergency. Community business partnership support and grassroots marketing will be used to build awareness of the campaign and encourage Arizonans to take action and be prepared.

ADHS has also implemented the Cover Your Cough campaign which emphasizes general hand hygiene and cough and sneezing etiquette. These pre-printed public education materials, along with Just in Case Arizona brochures and posters, can be easily disseminated to the general public during a pandemic influenza event. Just in Case Arizona materials are also posted on the AZ 2-1-1 website.



See Appendix B.9 for more information on how messages are disseminated to the public.

Distributing Educational Material to Passengers

ADOT is part of the SEOC to provide support as necessary. The ADOT TOC maintains the 511 voice and www.az511.com information. ADOT TOC also controls the variable message boards throughout the state to help communicate any information to the public (i.e., direct people to the www.az211.com site for CDC and other emergency information).

ADHS and local health departments will provide public transit system authorities with preprinted materials including those developed for the Just in Case Arizona and Cover Your Cough campaigns.

See Appendix B.9 for more information on how messages are disseminated to the public.

Implementing Frequent Cleaning/Sanitizing Procedures on Transportation Assets

As explained above for the METRO Light Rail System, cleaning and sanitizing rail cars and other public transit structures will be addressed in the revised METRO Light Rail Emergency Management Plan. ADHS and local health departments will provide guidance to the public transit authorities on the appropriate method to clean and sanitize these surfaces.

Displaying Alert Levels to the Public When Using Transportation Systems

Alert levels and other health-related messages for the public will be distributed in several ways. ADOT is part of the SEOC to provide support as necessary. The ADOT TOC maintains the 511 voice and www.az511.com information. ADOT TOC also controls the variable message boards throughout the state to help communicate any information to the public (i.e., direct people to the www.az211.com site for CDC and other emergency information). Additionally, the ADOT TOC pages out any terrorist threat levels that are above yellow to a predetermined distribution list.

See Appendix B.9 for more information on how messages are fully communicated to the public.

RECOVER

Issuing Statement and Advisories to the Public to Prepare for Next Wave

Alert levels, health-related messages, and preparation for the next wave of the pandemic influenza event will be distributed in several ways. ADOT is part of the SEOC to provide support as necessary. The ADOT TOC maintains the 511 voice and www.az511.com information. ADOT TOC also controls the variable message boards throughout the state to help communicate any information to the public (i.e., direct people to the www.az211.com site for CDC and other emergency information).

See Appendix B.9 for more information on how messages are fully disseminated to the public.

Cleaning/Sanitizing Assets and Preparing Them for Public Use

As explained above for the METRO Light Rail System, cleaning and sanitizing rail cars and other public transit structures will be addressed in the revised METRO Light Rail Emergency Management Plan. ADHS and local health departments will provide guidance to the public transit authorities on the appropriate method to clean and sanitize these surfaces so that transportation systems can be reconvened.

Integrating Best Practices and Lessons Learned

As with any incident, best practices and lessons learned are reviewed, documented, and corrective action plans implemented. The Homeland Security Exercise and Evaluation Program (HSEEP) model provides a standardized methodology (templates) for after action report development and improvement planning. The templates are used for all state agency-sponsored exercises. State agencies and partners continue to foster a supportive relationship with the preparedness community, aiding in the development of compliant documentation which helps to ensure consistent planning, execution, and improvement planning for all exercises in the state. Additionally, state agencies have implemented a policy of following the HSEEP guidelines with regard to after action reports. Strict guidelines are in place for the finalization of after action reports (60 days), improvement plans and corrective actions. Corrective actions are always assigned to a specific section, organization, or role within the sector-specific system with a definitive date for the implementation of a specific corrective action.

Testing and Exercising Transportation Plans

ADOT participates in federal, state, regional, and local exercises throughout the year. These exercises include tabletop, functional, and full-scale. ADOT has begun the implementation of transportation-specific exercises. The exercises will be based in each of the districts and are intended to focus on ADOT tasks. However, highway incidents characteristically require a multiple agency response which involves state, tribal, and local response agencies. Consequently, the exercises will involve participation from these jurisdictions. While these exercises allow ADOT to test response procedures, they also expose other emergency response partners to the operational obligations of ADOT and the statutory authority of the department.

Northern Regional Exercise

The Arizona Northern Regional exercise in Holbrook was held in the fall 2006. Led by ADEM, the exercise involved a terrorist attack targeted for the Phoenix area, but exploded on I-40 before reaching the valley. Overarching testing components included communication and coordination between local, state, and tribal emergency response teams. Major lessons learned included the need for improved communications between field operations, the SEOC, and the ADOT EOC. ADOT hired an Emergency Manager to assist in coordination of events, planning, and exercises.

TOPOFF IV

ADOT participated in the Top Officials (TOPOFF) IV exercise in October 2007. ADOT tested general coordination issues between local, state, and federal response partners. This exercise highlighted a shortcoming in the state's ability to establish command, control, communications and information capabilities during a large scale incident. Consequently, a permanent SEOC is being established that will correct this shortcoming.

Super Bowl 2008

Super Bowl operations were coordinated by the Federal Bureau of Investigation (FBI) and other federal law enforcement agencies. ADOT's main role was traffic control, set-up, supervision of traffic operations along the main throughout fares, and establishing evacuation traffic control. A Joint Operations Center (JOC) was established to provide command and control for the event and incidents. A major lesson learned during Super Bowl was that there is a growing need to establish a permanent JOC presence in Arizona. These efforts are underway as a result of mass evacuation preparedness planning.

Appendix B.1 Ensure Surveillance and Laboratory Capacity during Each Phase of a Pandemic

SURVEILLANCE

Planning Assumptions

- An influenza pandemic is likely to occur sometime in the future.
- A new virus subtype will likely emerge in a country other than the United States, although a novel strain could first emerge in the United States.
- Although there may be isolated pockets, the pandemic could affect all geographic areas of the state.
- Arizona's temporary residents, winter visitors, migrant workers and tourists will create a
 potential vaccination target population of nearly double that of the permanent resident
 population.
- The emergency response element will require the substantial interaction of state and local agencies in addition to the local health departments.

Procedures for Notification and Information-Sharing

The primary and secondary Arizona Influenza Surveillance Coordinators work within the Office of Infectious Disease Services. At the current time (May 2008), the primary coordinator is John Meyer, 602-364-3890, and the secondary coordinator is Laura Erhart, 602-364-3674. The contact number for the Office of Infectious Disease Services is 602-364-3676; the after-hours number is 480-303-1191 or 602-920-3772, and the fax number is 602-364-3199. Contact information for the local health departments, which serve as the primary point of contact for health care providers, is available at http://www.azdhs.gov/phs/oids/contacts.htm#L.

ADHS procedures for notification and information sharing for all stakeholders, including the public, are consistent with such procedures for other communicable disease events, as described in the Appendix B.9, Communications, of this report. Redundant and secure information pathways are available. Further information is available in the ADHS Public Health Emergency Response Plan and the Arizona State Emergency Response and Recovery Plan.

Key epidemiology and surveillance stakeholders include:

- Local (county and tribal) health departments
- Health care providers
- Hospitals
- Medical examiners
- Vital statistics
- Emergency medical services
- Arizona Department of Agriculture
- Arizona Veterinary Diagnostic Laboratory (One of the key testing facilities for poultry in the state of Arizona. The other facility is the National Veterinary Services Laboratory which will serve as the source of confirmation on all positive results at the state level.)
- Arizona Wildlife and Game Department and University of Arizona Veterinary State Laboratory (for surveillance of wild birds)

- CDC
- Media and public

Contact information for these entities is maintained and updated on a regular basis.

Key methods of communication include:

- Telephone
- Teleconferencing
- Email
- Fax
- Arizona electronic disease surveillance system "MEDSIS"
- Secure messaging and posting of documents on the SIREN system (already available to ADHS, and all local health departments)
- EMSystem for tracking hospital diversion
- The Governor's emergency website "AZ 2-1-1" for public messaging
- Distribution of media information through the Joint Information Centers at the local and state emergency management offices.

It is important to note that local health departments, hospitals and EMS participate in the SIREN and Health Alert Network (HAN) systems so that they may be immediately reached with the latest information.

Primary Notification and Information-Sharing Steps

Primary notification utilizes a 24/7 on-call telephone system and via e-mail through Arizona's Health Alert Network with phone contact and e-mail lists available for notification of the following public health entities:

- Local health departments
 - Local health officers
 - o Local communicable disease staff
 - o Emergency preparedness staff
 - o Directors of Nursing
 - Immunization Coordinators
- Community health centers
- Infection control practitioners at all Arizona hospitals
- Infectious disease physicians including pediatricians
- Professional organizations
 - o Arizona Association of Community Health Centers (AACHC)
 - o Arizona Medical Association
 - o Arizona Medical and Pharmaceutical Association
- Indian Health Services Area Directors and Chief Medical Officers
- Tribes
- Public health partners in Sonora, Mexico
- ADHS
 - o Bureau of Laboratory Services

- o Bureau of Epidemiology and Disease Control
- o Bureau of Emergency Preparedness and Response
- o Office of Border Health

Health Alerts can be sent out at any time, as needed to update health care providers, hospitals, institutional settings, emergency medical services and others statewide.

Upon identification of morbidities specified as "24-hour reportable", including "emerging and exotic diseases," state health department staff notify local health department staff immediately. The staff at the local health department will also coordinate with ADHS for testing of specimens at the State Public Health Laboratory.

Conference bridge lines are available for ADHS, local health departments, and others as needed. These are used regularly for weekly or daily updates during outbreaks and other events. During a pandemic alert period, regular conferences calls with local health department partners will be scheduled to discuss enhancements to surveillance procedures, numbers or data analysis updates, or any action items.

Statistics and public information are also posted regularly on the ADHS website.

SIREN users may use the site to share documents, information, case data and other information.

Real-time, year-round case surveillance information is shared through the use of MEDSIS.

Coordination of public messages will occur through AZ 2-1-1 and the JIC with Emergency Management, as appropriate (if activated).

ADHS Communication with CDC:

- During the influenza season, ADHS reports influenza activity levels to CDC weekly via the CDC website.
- Upon identification of a novel virus, ADHS will call the CDC 24-hour Emergency Response Hotline (770-488-7100) immediately. As other notification instructions are provided to ADHS by CDC during an event, these procedures will change.
- If Arizona is the only or one of a few states affected early in the pandemic, communications will occur with CDC on a daily basis. Once more states are involved, ADHS will follow the communication plan determined by CDC for all states for reporting of early novel influenza viruses. ADHS is able to sustain daily communications with CDC via conference calls, email, web-based systems, or other standard methods, as decided by CDC.

Surveillance Activities

The purpose of this plan is to provide information regarding the year-round surveillance activities that are required and performed during routine (inter-pandemic) periods and enhanced surveillance during pandemic alert periods. These plans will be updated periodically.

The statewide influenza disease surveillance system is coordinated and maintained by the ADHS Office of Infectious Disease Services (OIDS). The Arizona surveillance system is similar to the national surveillance system and reports data to the national system. The system's components are:

- Outpatient (ILI) surveillance
- Hospitalization surveillance
- Mortality surveillance
- Laboratory surveillance
- Syndromic surveillance
- Veterinary surveillance
- Surveillance communications

These are also listed in Table 1. Each week, these components are all considered when assessing the statewide influenza activity, which is submitted to CDC and communicated to local partners. Activity is characterized as "widespread", "regional", "local", "sporadic" or "no activity".

Routine (Interpandemic) Surveillance (WHO Phases 1-2; U.S. Stage 0)

Routine influenza surveillance involves collecting data from participating sentinel sites, laboratories, schools and medical examiners. During the influenza season, weekly conference calls are conducted and/or emails sent to local health agency partners to discuss current influenza activity. All surveillance information is disseminated in a weekly report.

Outpatient (ILI) Surveillance

- Recruit influenza-like illness (ILI) sentinel reporting sites (county health departments or the providers report to the U.S. Influenza Sentinel Provider Surveillance System via internet or fax; ADHS accesses this information online)
 - o At least one regularly reporting surveillance site per 250,000 persons population is recommended, or at least one site for smaller counties.
 - o 60 sites were enrolled for the 2007-2008 season; this is roughly equivalent to 1:100,000 people. Several of these sites continue to report throughout the summer months.
- Encourage ILI sentinel reporting sites to report to the state surveillance system on a regular basis
 - o Maintain listing of all ILI sentinel sites and date of last report. Coordinate with local health department to call non-reporting facilities.
- Collect county health department-level influenza surveillance information (cases and/or ILI outbreaks) from schools, long-term care facilities, or other institutions.
 - The two largest counties (Maricopa and Pima, accounting for approximately 80% of the state population) have implemented sentinel school surveillance for ILI as part of their routine surveillance.
 - o ADHS has begun implementing a weekly electronic reporting system for ILI in approximately 335 schools throughout the state and additional schools are being recruited to participate. All but four counties currently have schools participating in this surveillance system. Counties will monitor these data for unusual activity.

• Collaborate with local health departments to respond to special situations and follow CDC requests (e.g., investigation of pediatric influenza-associated deaths).

Hospitalization Surveillance

- Local health departments conduct periodic calls to major hospitals and hospital laboratories throughout the state, with assistance from ADHS as needed.
- Work with local health departments to monitor activity levels or unusual events from infection control practitioners, infectious disease doctors, medical examiners or other relevant groups, as warranted by the influenza season.

Mortality Surveillance

- The ADHS Office of Vital Records has recently deployed (in 2007) a new web-based Electronic Death Registry System (EDRS) statewide. This system is available throughout the county vital records offices. EDRS enhancements are being made so that the system can been deployed to funeral homes, medical certifiers, and medical examiners beginning in June 2008. Once the EDRS has been made available to these groups, the EDRS will be able to electronically capture and report fact of death information within five days and cause of death information within 10 days for 80% of all deaths.
- Access to EDRS data is available to epidemiologists at the state and county levels.
 During 2008, analysis programs will be developed at the state level so that mortality data
 from vital records can be analyzed on a weekly basis, starting in the 2008-2009 influenza
 season. Maricopa County Department of Public Health already conducts analysis of
 mortality data for that county.
- There are five medical examiners offices that together cover the entire state.
 - Medical examiners in Maricopa and Pima Counties have secure email access with ADHS and county health departments to communicate patient identifiable information.
- The Human Remains Release Form (HRRF), required by statute, contains information based on the routine death report generated in hospitals and other institutions upon the demise of a person and the release of the body to the family or funeral home. The purpose of the HRRF is to provide critical information regarding the decedent's diagnoses to the local public health department and the funeral home as close to real time as possible. The form provides early information regarding the name, demographic information, social security number, birth date and other particulars of the decedent. These forms are received by the local health department within 24 hours of death, although Maricopa County is the only one of 15 counties that currently has a system to fully analyze and use the HRRF data.
- EDRS is currently a separate system from that used internally by the medical examiners (ME), though the MEs are a critical component of mortality surveillance for influenza.
 - o ADHS, in conjunction with key statewide partners, submitted a proposal as a demonstration project for enhancements to the EDRS to improve timeliness of information by integrating the following three functions of Arizona's mortality reporting:
 - electronic linking of the case files database of the county MEs with the EDRS.

- further developing the electronic use and analyses of the human remains release form (HRRF) (whose function is to report fact of death and diagnoses received within 24 hours of death and is used for death surveillance, early information on fact of death and demographics, as well as quality assurance for death certificates), and
- exploring the requirements and planning for the linkage of the HRRF to the statewide EDRS.
- ADHS corresponds regularly with local health departments to identify and facilitate reporting of influenza-associated pediatric mortality, which is a reportable condition in Arizona.

Laboratory Surveillance

- Influenza is laboratory-reportable in Arizona. Track reports of laboratory-confirmed influenza cases from clinical/commercial laboratories around the state. The reporting mechanism for laboratories for influenza is the same as for all other laboratory-reportable morbidities; lab reporting continues year-round.
- The ADHS State Laboratory performs influenza cultures and polymerase chain reaction (PCR) on respiratory submissions. Influenza subtype is determined for all PCR-positives and most isolates (influenza A/H1, H3, H5, H7, or B). Unusual or untypable strains are forwarded to CDC for further testing.
- Promote testing of suspect influenza patients at ILI sentinel reporting sites
 - Sentinel providers may send selected specimens for testing at no charge for shipping or testing.
 - o Additional kits are sent to providers upon specimen receipt.
- Contact local health departments on a monthly basis to assess influenza specimen collection kit needs; ensure that kits are sent in a timely manner.
- Integration of the Electronic Laboratory Reporting (ELR) component into the Department's Medical Electronic Disease Surveillance Intelligence System (MEDSIS) will enhance surveillance practices and capacity in several ways. Laboratories using ELR will be able to provide more timely data through automatic data transmissions from their systems. ELR is scheduled for deployment in three laboratories during summer 2008.

Syndromic Surveillance

- ADHS is currently working with the Arizona School Nurse Consortium to maintain a
 web-based reporting system for ILI and other illness syndromes among students in 335
 schools throughout Arizona. ILI counts are reported electronically and are included in
 the weekly influenza surveillance reports.
- BioSense: A CDC system that includes ICD-9-coded outpatient visits at DOD ambulatory-care centers, Department of Veterans Affairs outpatient clinics, private clinical laboratory test requests, and 8 Arizona hospitals' clinical emergency department and hospital utilization data. http://www.cdc.gov/phin/component-initiatives/biosense/index.html. These data are examined daily for aberrations, and included in the weekly influenza surveillance reports.
- Realtime Outbreak Detection System's National Retail Data Monitor (NRDM): A system coordinated by the University of Pittsburgh used to monitor sales of over-the-counter (OTC) health care products of enrolled pharmacies in order to identify disease outbreaks

- as early as possible. http://rods.health.pitt.edu/NRDM.htm. These data are examined weekly or early detection of cases and clusters.
- Some county health departments also work with their local hospitals to conduct syndromic surveillance within the emergency departments.
- The two Poison Centers in Arizona are currently in discussions with ADHS about establishing a direct data feed to ADHS and the feasibility of incorporating poison center data into surveillance activities.
- Absenteeism Surveillance
 - The two largest counties (Maricopa and Pima, accounting for approximately 80% of the state population) have already implemented sentinel school surveillance for absenteeism as part of their routine surveillance.

Veterinary Surveillance

- Arizona Department of Agriculture (ADA) has primary responsibility for animal disease surveillance. At this time (June 2008), Dr. Rick Willer, State Veterinarian (602-542-4293), is the primary contact at ADA concerning livestock diseases.
- Surveillance of avian influenza is routinely conducted at the two major poultry farms in Arizona. The University of Arizona Veterinary Diagnostic Lab (AzVDL, primary contact: Dr. Greg Bradley, Director (520-621-2356)) tests birds for avian influenza and forwards positives to the National Veterinary Services Laboratory (NVSL) in Ames, IA (515-663-7266) for confirmation.
- Four methods of surveillance for wild birds are in place:
 - o Arizona Game & Fish Department samples waterfowl feces and water at several natural lakes (at least one in each county) frequented by ducks. Testing is conducted by the University of Arizona Veterinary State Laboratory.
 - USDA Animal and Plant Health Inspection Services, Wildlife Services samples waterfowl when rounding up unwanted birds from urban lake settings. Cloacal swabs are normally collected.
 - The Arizona Game & Fish Department sets up hunter stations during hunting season in Cibola National Wildlife Refuge, Havasu National Wildlife Refuge and Willcox Playa Wildlife Area to swab cloaca of certain target species of waterfowl and shorebirds.
 - Arizona Game & Fish Department submits carcasses from die-offs of certain species of waterfowl and game birds for necropsy and/or tracheal swabs for avian influenza testing. Necropsy and AI testing is performed at AzVDL.
- ADA reports positive test results to Dr. Elisabeth Lawaczeck, State Public Health Veterinarian (602-364-3852), or, as an alternate, to Craig Levy, Vector-Borne and Zoonotic Disease Program Manager within OIDS (602-364-3851). Upon the report of the positive test result(s) to OIDS, the positive report(s) will then be communicated to Ken Komatsu, State Epidemiologist (602-364-3587), and to the Influenza Epidemiologist of OIDS, by the State Public Health Veterinarian. The State Epidemiologist will communicate the positive test result(s) to the primary Arizona Influenza Surveillance Coordinator and to the County Health Official from which the positive test result(s) have originated. It is important to note that the State Public Health Veterinarian will contact the County Health Official with specific animal disease and response information that is related to the event.

• Key methods of communication include telephone, teleconferencing, email, and fax.

Surveillance Communications

- Monitor national and/or global influenza activity through CDC reports or conference calls
- Conduct weekly conference calls with all local health departments to discuss influenza activity and associated issues.
- Post weekly influenza activity reports on the departmental website throughout the influenza season, at http://www.azdhs.gov/phs/oids/epi/flu/index.htm.
 - o The influenza activity report includes:
 - Laboratory-confirmed cases (including age and geographical distribution, and timing of report)
 - Subtyping information
 - ILI from sentinel sites
 - ILI from school surveillance
 - Hospital data from the eight hospitals in BioSense
 - Information about any RODS signals above baseline
 - Weekly state activity level (widespread, regional, local, sporadic, no activity)
- Distribute communications from ADHS, CDC and WHO to partners via HAN and EpiAZ (weekly outbreak newsletter) to public health, emergency departments and infection control practitioners across the state.
- Distribute other information to internal and external partners as needed.

Table 1. Components of the Arizona Influenza Surveillance System

Surveillance type	Source	Description
Laboratory surveillance	ADHS State Laboratory	The ADHS State Laboratory performs influenza culture and polymerase chain reaction (PCR) on respiratory submissions. Subtyping is performed on isolates and PCR performed at ADHS can identify influenza A H1, H3, H5 and H7 subtypes, and influenza B. Unusual or untypable specimens are forwarded to CDC for further testing.
Laboratory surveillance	ADHS State Laboratory Phoenix Children's Hospital	The State Laboratory and one other Arizona clinical laboratory are part of the National Respiratory and Enteric Virus Surveillance System (NREVSS) and report weekly to CDC the number of influenza tests performed and the number of positive results by type.
Laboratory surveillance	All laboratories	All positive laboratory tests for influenza are reportable to the state health department by law. Selected specimens are forwarded from clinical

		labs to the State Lab for typing.
Outpatient Surveillance	Influenza-like Illness (ILI) Sentinel Provider Network	Health care providers around the state monitor outpatient visits for ILI (fever >100°F AND sore throat and/or cough). Specimens from a small subset of patients are submitted to the State Laboratory for influenza virus testing. Approximately 60 sites are enrolled each year.
Mortality surveillance	122 Cities Mortality Reporting System	Phoenix and Tucson vital records offices transmit weekly data to CDC on the total number of death certificates filed and the number with pneumonia and/or influenza listed as a cause of death.
Mortality surveillance	Influenza-associated pediatric mortality	Reported laboratory-confirmed influenza-related deaths among children <18 years are investigated and reported to CDC.
Mortality surveillance	Electronic Death Registry System	All deaths in the state are registered here. The data will be analyzed for aberrations in influenza-related mortality.
Veterinary surveillance	Arizona Department of Agriculture	The Department of Agriculture's state veterinarian reports cases of suspected avian influenza to the public health veterinarian. Avian influenza surveillance is discussed in greater detail in Appendix 8 of Supplement 1 of the Strategic Arizona Influenza Pandemic Response Plan.
Syndromic surveillance	School-based Syndromic Surveillance	School nurses in participating schools record nursing diagnosis codes for all students visiting the nursing office. These data are analyzed for changes in influenza-like illness.
Statewide summary report		ADHS reports to CDC on a weekly basis the overall level of influenza activity as none, sporadic, local, regional, or widespread.

Enhancing Influenza Surveillance During a Pandemic Alert Period

Pandemic Alert Surveillance for Novel Strains of Influenza (WHO Phases 3-5; U.S. Stages 0-2)

Monitoring for Novel Strains of Influenza

- During the Pandemic Alert Period, provide CDC's enhanced surveillance recommendations for identification of patients at increased risk for infection with a novel virus to providers, laboratories, county health departments, and other partners. Communications will occur through the mechanism described above: health alert network messages, email, conference calls, internet posting, or sharing of information with professional societies. The specific recommendations will depend on the epidemiology of the virus and the clinical characteristics of the human cases as they are known at the time, and will most likely focus on severely ill, hospitalized, or ambulatory patients who meet certain epidemiologic and clinical criteria.
- Disseminated information will include criteria for higher-priority testing. Local health departments will coordinate testing with the state health department. This model is used for most infectious disease outbreaks or cases requiring testing; local health departments work with providers to assess cases and determine prioritization and then coordinate with the state health department for testing at the laboratory. This process helps ensure correct specimen submission procedures.
- Local health departments, in conjunction with ADHS, are responsible for investigating initial reports of potential human influenza infections due to a novel influenza strain in the state. If the event requires additional resources, other epidemiologists within ADHS, and possibly from other county health departments, are available to assist in the investigation. This additional call for human resources has been utilized during the 2008 measles outbreak in Arizona, as well as during other outbreaks. The ADHS Influenza Surveillance Coordinator will serve as the point of contact for consultation and tracking of any suspected novel strain investigations.
- The model for such novel strain case investigations will be derived from the "summer influenza case investigations" protocol. To date, the investigation protocols are specifically designed for three case reporting scenarios during the summer months (or outside of the usual influenza season): 1.) clinical reports without lab results, 2.) positive rapid tests, and 3.) other positive laboratory results (culture, PCR, and DFA). Flow diagrams for each protocol are available and will serve as aid to the investigator(s). Copies of the investigation protocols can be found in attachments 1-3.
- Steps involved in investigating early cases or clusters include:
 - o collecting a specimen or confirming laboratory results
 - o obtaining clinical information
 - o obtaining risk factor or exposure history
 - o ensuring patient is isolated

This information will be collected through contact with the clinician and patient. ADHS will lead the investigation while the county health departments will collect the data. If county health department resources become overwhelmed, ADHS will assist in collecting the data.

• The investigator(s) will use form A – CDC Human Influenza A (H5) Domestic Case Screening Form to obtain epidemiologic information (demographic, contact, and disease-

- specific information), unless a newer form is available from CDC at the time of investigation. This form can be viewed in attachment 4 as well at http://www.ncid.cdc.gov/flu/H5Forms/H5CSF_Revised27Feb04.pdf
- All investigators will use the clinical algorithms for managing patients with possible novel influenza infection which are provided in the Arizona Influenza Pandemic Response Plan, Supplement 1, Appendix 4: Interim Recommendations: Enhanced US Surveillance and Diagnostic Evaluation to Identify Cases of Human Infection with Avian Influenza A (H5N1). http://www.azdhs.gov/pandemicflu/pandemic_flu_plan.htm

Reporting Novel Strains of Influenza

- County health departments will immediately inform ADHS of any suspected human infection with an avian/animal/novel human strain of influenza. The Arizona Influenza Surveillance Coordinator will serve as the point of contact.
- ADHS will immediately report to CDC any influenza cases that:
 - o Test positive for a novel influenza subtype, or
 - o Meet the enhanced surveillance case definition in effect at that time, or
 - O Cannot be subtyped in the state public health laboratory because appropriate reagents or biocontainment equipment is not available (see Arizona Influenza Pandemic Response Plan, Supplement 2 Laboratory Diagnostics).
- ADHS will call the CDC 24-hour Emergency Response Hotline (770-488-7100) to report a suspected case of infection with avian influenza A (H5N1) or any other novel influenza virus.
- Following the initial telephone report, ADHS Epidemiology staff and/or county health department staff will conduct case interviews using a CDC case screening and report form and monitor contacts of all suspected cases.
- Per CDC, the completed form should be faxed to CDC at 888-232-1322 with a cover sheet that says: "ATTN: Influenza case reporting." (The case screening and report form used to report suspected cases of human infection with influenza A (H5N1) is provided in the Arizona Influenza Pandemic Response Plan, Supplement 1, Appendix 5: CDC Human Influenza A (H5) Case Screening and Report Form.)
- If infection with a novel influenza virus is confirmed, ADHS may request CDC assistance with a case investigation to identify the source of infection and determine the course of illness.

Specific Surveillance Activities during the Pandemic Alert Phase

WHO Phase 3; U.S. Stage 0-1

Human infection(s) with a new subtype but no human-to-human spread, or at most rare instances of spread to a close contact.

Interpandemic surveillance operations will continue, and the following will be implemented (if not already occurring):

Outpatient (ILI) Surveillance

- A Health Alert will be drafted by the ADHS Office of Infectious Disease Services with input from the Medical Director and local health department staff.
 - o Alert will include:
 - Request providers screen any persons with influenza or ILI who meet the epidemiological criteria (see below) for the new subtype and report them immediately to the local health department.
 - Travel to affected areas
 - Contact with sick birds
 - Detailed information from CDC about the strain type, where it is circulating and possible impact.
 - o Alert will be sent through the Health Alert Network (HAN) to:
 - Local health department staff
 - Local health officers
 - "EpiAZ" list (surveillance personnel, among others),
 - Directors of nursing
 - Providers
 - Infection control practitioners (ICP)
 - Medical associations
 - Infectious disease providers
 - O Local health departments will provide information to providers not using HAN via existing list serves and blast fax.
- The State Influenza Surveillance Coordinator will coordinate with local counterparts to ensure that timely reporting from a representative selection of sites is occurring using up-to-date contact information for:
 - o All providers enrolled in the sentinel provider network
 - o All local health department influenza surveillance coordinators
- Actions by state influenza surveillance coordinator if sites not reporting in a timely manner include contact during the period of importance to
 - o Stress the significance of timely reporting
 - o Identify barriers to reporting
 - o Collect numbers for data entry and analysis
- If all non-reporters cannot be contacted, resources will be focused on areas that do not have other sites reporting, or on sites that normally report but have not been reporting in the critical time period.
- ADHS will monitor surveillance reports and communications from CDC and WHO and enact recommendations and send additional Health Alerts as needed.

Mortality Surveillance

• Continue mortality surveillance as specified during interpandemic surveillance, with weekly analysis of data.

Laboratory Surveillance

• Coordinate with laboratory to send representative and unusual viral isolates to CDC for appropriate testing.

- Communicate with the State Public Health Laboratory's Laboratory Response Network coordinator to notify clinical laboratories about circulating influenza subtypes.
- Call State Public Health Laboratory weekly to get list of any influenza A viruses that cannot be subtyped; coordinate immediate reporting and delivery to CDC as appropriate.

Syndromic Surveillance

- Monitor more closely syndromic surveillance data sources, including school surveillance, local health department data, Biosense, and RODS, to detect unusual patterns of ILI activity.
- Assist local health departments as necessary in monitoring and evaluating detected anomalies in ILI activity.

Veterinary Surveillance

- Arizona Department of Agriculture (ADA) will heighten the monitoring of the two Arizona poultry farms and birds will be actively checked for symptoms.
- ADA will monitor the sentinel lake with increased frequency with possible capture and testing of wild birds.
- If during hunting season, additional check stations will be implemented by the Arizona Wildlife and Game Department and avian swabs taken.

Surveillance Communications

- Maintain regular internal communication between State Laboratory and OIDS regarding epidemiological and laboratory surveillance.
- Maintain regular internal communication between the public health veterinarian and other OIDS staff regarding avian influenza or influenzas in birds or other animals in Arizona.
- Distribute epidemiologic reports of influenza activity updates to surveillance partners and stakeholders and hold regular conference calls with county health department partners.
 - The influenza activity report will include the elements mentioned in interpandemic surveillance communications, as well as any information available for:
 - Syndromic data
 - Hospital Discharge Data
 - Any unusual avian influenza detected in animals
 - Overall attack rates from early case or cluster investigations using identified contacts as the denominator
 - Case fatality rates if known from Vital Statistics mortality data and known cases from virologic surveillance
 - Rates of hospitalization
 - Numbers of isolated or quarantined persons
 - o Any information available will be shared with CDC according to the schedule for regular data determined by CDC
- Obtain CDC guidelines/statements and distribute information through HAN to partners including:
 - o Local health departments
 - o Emergency departments
 - Infection control practitioners

- Tribes and Indian Health Services
- Medical examiners

WHO Phase 4; U.S. Stage 2

Small cluster(s) with limited human-to-human transmission but spread is highly localized, suggesting that the virus is not well adapted to humans.

Surveillance operations listed above will continue, and the following will be implemented:

Outpatient (ILI) Surveillance

- In conjunction with local influenza surveillance coordinators, contact sentinel sites through existing lists to request activation of ILI surveillance systems, if not already operating.
- Screen travelers arriving from influenza-affected areas for ILI.
 - ADHS will work with Maricopa County, the City of Phoenix, and Sky Harbor International Airport personnel to identify travelers arriving from areas affected by novel subtypes. Protocols are yet to be developed.
- Analyze data from laboratory reporting, outbreaks, clusters, travelers, hospitals and other health care facilities to identify population groups at greatest risk and inform possible prioritization of vaccine or antivirals (see Arizona Influenza Pandemic Response Plan, Supplement 6 – Vaccine Distribution and Supplement 7 – Antiviral Distribution)
 - o Influenza data will be analyzed more frequently starting at twice a week and ramping up to daily. These cases are all laboratory-confirmed and may come from any of the surveillance sources mentioned above.
 - Due to the level of data available routinely from laboratories, geography and age are likely to be the variables most consistently available for analysis.
 - National data on other factors will be used for defining vaccine or antiviral prioritization with better granularity.
 - o Case numbers will be released on the same frequency as the official data analyses.
 - O During later stages of the pandemic, it is likely that the requirement for lab confirmation of cases will be relaxed and a broader case definition used to account for the lack of resources for laboratory testing of all cases across the state.
- In addition to investigating suspect cases of influenza with novel subtypes, investigations will be conducted on the following:
 - o Clusters or outbreaks of flu or ILI
 - o Ill travelers returning from affected areas
 - o Unusual cases (hospitalized flu cases, severe illness, unusual presentations, other criteria as recognized).
 - o Investigations may include:
 - Demographic data

- Travel history
- Identification of contacts (ill or healthy)
- Contact with birds or poultry
- Specimen collection.
- o Intensive investigations will only be conducted on early cases (confirmed or suspect). Once a pandemic subtype has been introduced into the community, these resources will be needed elsewhere in the response.
- Local health departments will maintain a list of close contacts of confirmed avian influenza cases and monitor them for symptoms on a daily basis. ADHS will assist if a local health department's capacity is exceeded.

• Quarantine Surveillance

O Quarantine may be determined to be necessary by ADHS (if an emergency is declared) or county health officials. A list of individuals under quarantine in each county will be maintained at all county health departments. A centralized database of individuals quarantined statewide will be maintained by ADHS in a SIREN-accessible database. As new individuals are quarantined the county health departments will add them to the database. Alternatively, updated county lists can be faxed to ADHS and entered into the database by ADHS.

Hospitalization Surveillance

- Hospital admissions for those hospitals transmitting utilization data into BioSense will be monitored daily for unusual activity. For those hospitals transmitting clinical emergency department data, the number of ILI cases being admitted to the hospital will be monitored for unusual activity.
- Institute active surveillance. Work with county health departments to contact hospitals, emergency departments, or clinics.
 - ADHS will work with local health departments to define the criteria for the request, which may include hospitalizations, symptoms, travel, number isolated, etc.
 - o ADHS will maintain a database of the requested information.
 - o ADHS will disseminate data to local and statewide partners.
 - o ADHS will assist counties that do not have the resources to conduct hospital surveillance themselves.
- Some counties already have local protocols for implementing active surveillance of hospitals and/or emergency departments that have been utilized in a variety of scenarios.
 - Maricopa County has a list-serve of infection control practitioners, and periodically requests that they report daily with a tally of cases seen matching certain criteria during a particular event. This system can be activated at any time.
 - Other counties with fewer hospitals will call the ICP directly to obtain this information.
- Depending upon frequency and location of influenza activity, a public health emergency may be declared by the governor after consultation with the medical director (A.R.S. § 36-782 to 786). ADHS may enact an emergency measure to make influenza-associated hospitalizations reportable to the county health departments

(Arizona Influenza Pandemic Response Plan, Appendix 6: Arizona Draft Emergency Measure for Pandemic Influenza)

- o The Draft Emergency Measure has already been prepared and can be enacted by the Director of the Arizona Department of Health Services. This decision would occur after discussion with the State Epidemiologist, Medical Director, and local health department personnel. This will facilitate investigation of hospitalized cases as well as collection of these data in order to monitor the spread and impact of the pandemic.
- Calculate rates of influenza-associated hospitalizations for criteria defined above, using population denominators from the ADHS Office of Vital Statistics. Include these rates in the regular influenza surveillance activity reports.

Mortality Surveillance

- Conduct analysis of the EDRS twice a week, up to daily.
- Institute active surveillance (e.g. number of deaths due to respiratory illness among hospitalized patients; influenza-like illnesses seen by the medical examiners), if appropriate.
- Active surveillance among ICPs will be conducted by the same method as described above for reporting hospitalized cases.

Laboratory Surveillance

- Enter reports of influenza cases daily and analyze data on a biweekly basis.
- Send a Health Alert to surveillance partners (local health departments, sentinel providers, clinical laboratories) to increase specimen collection; alert state laboratory to expect an increased number of specimens.
- Increase influenza laboratory testing for persons with compatible clinical syndromes at emergency departments or among hospitalized cases.
- Assess need to change types of laboratory testing performed to adhere to CDC guidance regarding safety concerns in working with the novel virus:

Specimen Collection During Pandemic Alert Phases

- o Testing is important for identifying local arrival of a novel subtype.
- o The state laboratory is currently the only laboratory in Arizona equipped to perform testing on suspect pandemic flu specimens.
- o ADHS epidemiologists will work with the state public health laboratory to identify whether specimens are being submitted by major clinical laboratories around the state.
- o ADHS will work with other laboratories to ensure that specimens are received with adequate geographic representation.
- ADHS will institute active surveillance for major laboratories in the state that perform influenza testing (Sonora Quest, St. Joseph's Hospital Phoenix, LabCorp, and University Medical Center).

Syndromic Surveillance

 Consider instituting active surveillance of absenteeism in large workplaces and schools, especially in counties that already have passive workplace/school surveillance

Public Health Rapid Response Task Forces

- In Arizona, the Public Health Rapid Response Task Forces (PHRRTFs) may be activated. Details about PHRRTFs are located in the ADHS Post Event Smallpox Plan.
- The local health departments' PHRRTFs will investigate suspected cases of influenza with a novel subtype, including completing investigations forms, obtaining specimens for testing, and monitoring close contacts for influenza-like illness. Upon request, the ADHS PHRRTFs may also assist in this process.
- Local staff will use CDC form (if available) to guide the investigation. If a form is not available, the H5N1 form will be used, with modifications for travel history or other factors, as needed.
- Investigations will include:
 - o Nasopharyngeal specimen collection, if appropriate, for testing by PCR at the State Laboratory.
 - o Identification of ill contacts, and specimen collection for those persons.
 - o If a novel subtype has already been identified in this person or cluster, healthy contacts will also be identified.
 - o Any contacts that become ill within the appropriate incubation period will be asked to report to the health department for testing and monitoring.
 - o Depending on the situation, the local health department may perform regular phone monitoring of the contacts for symptoms.

Surveillance Communications

- Communications will continue as outlined in Phase 3 but with increased frequency as more cases are reported. Increase the call frequency to twice weekly if animal or human cases are detected in Arizona, or more often as necessary.
- If requested by counties, correspondence to non-public health partners may occur directly through ADHS if local health department resources are constrained.
- Of the types of information listed in Phase 3 communications, more are likely to be available at this stage.

WHO Phase 5; U.S. Stage 2:

Larger cluster(s) but human-to-human spread still localized, suggesting that the virus is becoming increasingly better adapted to humans but may not yet be fully transmissible (substantial pandemic risk).

Surveillance operations listed above will continue, but will likely be coordinated under the Surveillance Group in the ADHS Resource Coordination Center (NIMS-compliant structure). Communications and analysis of surveillance data will likely occur with greater frequency.

Information regarding case-fatality, death rates and case counts will be routed through the incident commander for public information.

Pandemic Influenza Surveillance (WHO Phase 6; U.S. Stage 3-6)

- If a pandemic is suspected, ADHS will closely monitor data from CDC regarding the first cases of a pandemic influenza virus in the United States as well as tracking disease spread.
- To be able to detect the first cases of the virus in Arizona, ADHS will notify local health departments and providers in addition to increasing laboratory surveillance.
- More intense testing will be necessary during the early stages of a pandemic, when detecting the introduction of the virus into a state or community is the primary goal.
 - Once the virus has been identified throughout the state, testing levels may be decreased depending on resource availability.

WHO Phase 6; U.S. Stage 3-6:

Pandemic: increased and sustained transmission in general population.

Early part of Phase 6: Surveillance activities described above will continue to the extent possible, in addition to the following activities:

Additional sources of surveillance data will be evaluated to determine the effectiveness of pandemic influenza interventions and resource allocation needs. These may include partnering with emergency preparedness staff to identify health care resource demands (e.g. number of patients on ventilators, EMT runs, etc.). In addition, surveillance programs may be asked to monitor vaccine and anti-viral effectiveness.

Outpatient (ILI) Surveillance

- Continue to monitor data received, and use data to establish or reassess vaccine and anti-viral priority groups.
- Analyze morbidity and mortality data to establish population- and geographic areaspecific rates.

Laboratory Surveillance

- Focus laboratory surveillance on detecting antigenic drift variants or re-assortment viruses.
- As laboratory resources across the state will not permit testing of all cases, testing will need to be conducted on only a sampling of cases. These will be selected to ensure geographic representation around the state and temporally across the pandemic.

Mortality Surveillance

Medical examiner reporting of influenza-related deaths will be required during the
pandemic period under A.R.S. § 36-782 to 786 (Arizona Influenza Pandemic
Response Plan, Supplement 1, Appendix 7: Declaration of Enhanced Surveillance
Advisory) for those counties that do not have direct access to their Medical examiners
databases.

• Mortality data will be monitored in conjunction with existing surveillance data to evaluate the range and severity of the pandemic and make preparations for subsequent waves of infection.

Later part of Phase 6: Scaled-Back Surveillance

Surveillance will likely be overwhelmed during a pandemic, and personnel will need to be diverted to higher-priority activities.

- Activities will revert to the frequency and intensity typically seen during interpandemic influenza seasons.
- The return to interpandemic surveillance will occur as soon as feasible, and the change will be communicated to all surveillance partners.

Testing and Exercising State Surveillance Plans and Activities

Seasonal Influenza Surveillance (year-round)

What Was Tested and Why

Seasonal influenza surveillance is on-going and utilizes or tests several components of the pandemic influenza operational plan for the purpose of identifying novel strains of influenza and analyzing influenza trends within the community. Here, surveillance communications in the form of weekly calls to county health departments and the dissemination of weekly influenza surveillance reports to the public and to state and county health officials keep the public and health officials abreast of influenza activity within their respective county and state.

Laboratory-confirmed cases of influenza are reportable and are submitted to ADHS via phone, mail, or fax. All reports are examined for quality and then entered and maintained in a database. Isolates that are submitted to the Arizona State Laboratory (ASL) are tested via culture or PCR and may be further subtyped depending upon amount and quality of the isolate. On a weekly basis (or more frequently, as needed), the results at ASL are communicated to the ADHS infectious disease epidemiology staff and this information is entered and maintained in the influenza database.

In another component of the plan, outpatient ILI surveillance activity is analyzed to identify any trends for ILI within the state. This analysis is included in the weekly reports for the public and health care professionals. Lastly, for mortality surveillance, reports of influenza-associated pediatric deaths are reported to ADHS. ADHS coordinates with the county health departments to ensure proper data collection and submission of reports and specimens (if applicable) to CDC.

How Did Testing Improve Plans/Procedures

As seasonal influenza surveillance activities have grown over the last few years, Arizona has determined methods of communication, data analysis, and surveillance practices that work for the state. With the framework of seasonal influenza surveillance in place, Arizona is much better positioned to increase activities and communications in the event of a pandemic. The constant

testing of the surveillance activities associated with seasonal influenza has provided validation of the current system and will facilitate a responsive and active approach to a novel or pandemic strain.

Highly Pathogenic Avian Influenza Tabletop Exercise

What Was Tested and Why

Two tabletop exercises for highly pathogenic avian influenza have been conducted by ADHS, Arizona Department of Agriculture, and Arizona Department of Emergency Management. The first, in October 2007, provided participants with an opportunity to evaluate current response concepts, plans, and capacities for an outbreak of highly pathogenic avian influenza (HPAI) at a major poultry operation in Arizona. The design objectives for the exercise were to: 1) clarify the roles of agencies participating in planning and responding to avian influenza in poultry; 2) establish an Interagency Rapid Response Team (RRT) and an ADHS RRT to respond to HPAI; 3) consider the role of personal protective equipment (PPE) or alternate responders such as HAZMAT contractors during depopulation and disinfection; 4) discuss incorporation of the National Veterinary Stockpile into state plans; 5) address gaps within the Foreign Animal Disease Incident Annex to the State Emergency Response and Recovery Plan, and Combined Arizona State and Flock Initial Response and Containment Plan for H5/H7 low pathogenic avian influenza; and 6) identify Worker Protection Teams to address PPE, related training, vaccination, dispensing of antivirals, and monitoring of workers responding to AI in poultry.

A second exercise in February 2008 focused on the human health surveillance and response occurring during an outbreak of HPAI. Although the exercise scenario was different from the earlier tabletop, this tabletop had similar objectives.

How Did Testing Improve Plans/Procedures

The tabletop exercises provided an open forum for animal and human health officials to come together and discuss their respective plans, methods, and areas of opportunity. As a result of the exercise, animal and human health officials have an improved understanding of their counterpart's response efforts. While the exercises and scenarios were specifically tailored towards HPAI, many of the same responses and partners would be needed in a pandemic event. ADHS has incorporated several segments on veterinary disease surveillance and rapid response teams into the pandemic influenza operational plan in response to the exercises.

2008 Measles Outbreak

What Was Tested and Why

In recent events, the 2008 measles outbreak in southern Arizona tested several capacities of the public health infrastructure within the state and indirectly tested multiple components of the pandemic influenza operational plan. First, communications and procedures for information sharing worked similarly to those for a novel influenza virus. The local health department immediately notified ADHS of the suspected case by phone, which prompted specimen

collection and testing at the state laboratory. Relevant information was communicated between state and county health departments by phone, email, and through the health alert network. As the outbreak continued, communication efforts at the local and state levels were tested further as more cases and suspected cases of measles were identified. Health officials at other counties were also contacted throughout the outbreak to inform them of the status of the outbreak and recommendations that had been issued for the outbreak county and for other counties. Throughout the outbreak, many different groups of stakeholders were contacted, including infection control practitioners, infectious disease doctors, public health officials in various capacities, health professional associations, long term care facilities, and schools.

The outbreak also tested the interactions between surveillance and laboratory personnel. Over the course of the outbreak, hundreds of specimens from suspected cases were sent to the state laboratory, tested, and results (positive and negative) shared with the surveillance personnel at the state and county levels. The tracking of all the specimens was accomplished through close phone or email contact, use of the state laboratory database by epidemiology staff, and line lists that could be shared on a secure web site between county and state health departments. Daily phone calls involving ADHS, the county health department, and CDC were also established to discuss current data from the case investigations.

As the need for additional community surveillance grew, active surveillance was initiated in the hospitals throughout the county. Messages were developed to inform providers and infection control practitioners how to identify a suspected measles case, and to provide recommendations for infection control and specimen testing. The messages were disseminated through the health alert network as well as visits to the hospitals to consult with health care workers. As soon as additional cases were identified, more epidemiologic resources or assistance (from the state and federal level) served as a valuable resource for the county to assist in the rash investigations, vaccination clinics, call-centers, shipping of specimens, and contact tracing and investigation. Several epidemiology staff members with the ADHS Office of Infectious Disease Services traveled to the county for periods of time, or until other staff relieved them of their duties. Additional state epidemiologists worked from the main ADHS office to coordinate the shipment of specimens from the county to the state laboratory, conduct active laboratory surveillance, answer calls from the public with questions regarding the outbreak, and communicate suspected cases of measles (phoned in from health care professionals and the public) to those involved.

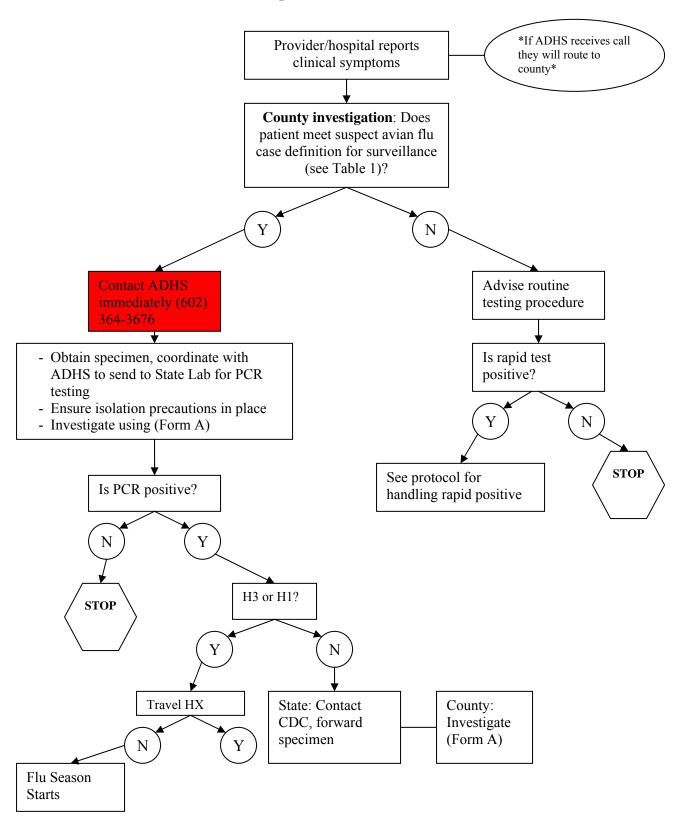
Finally, contract tracing is an important part of measles investigations, as with early cases of a novel influenza virus. Epidemiology staff at the state and county levels were responsible for finding out about each suspect case's travel history, vaccination status, activities during the infectious period, and possible contacts.

How Did Testing Improve Plans/Procedures

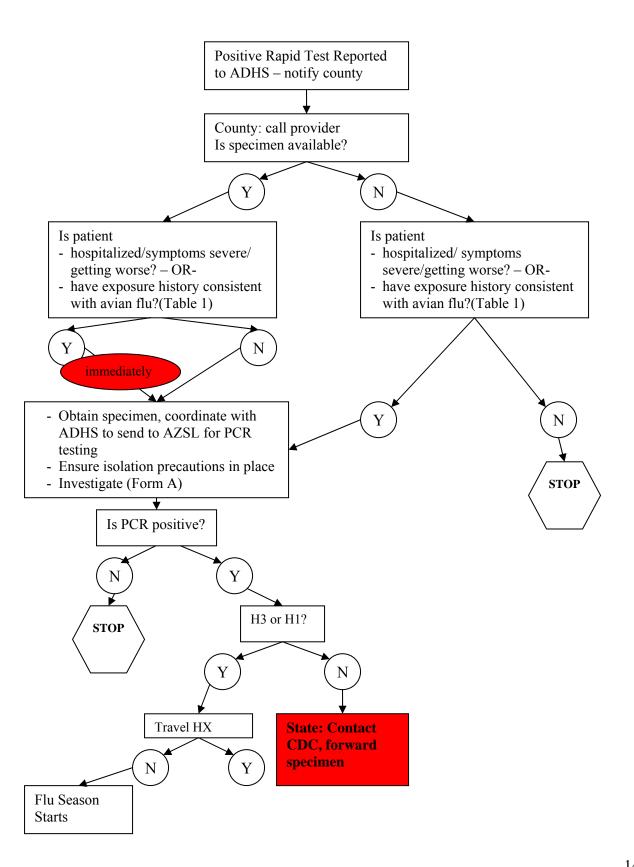
While a measles outbreak is in many ways different from an influenza pandemic, many of the skills and activities heavily used during the measles outbreak would be similar in the beginning of a pandemic. Communications about activities and recommendations, communication and coordination regarding specimen testing, active surveillance at hospitals, the shifting of job duties to accommodate the response, and the contact tracing involved in case investigations can

be applied to a pandemic event. The outbreak helped identify areas for improvement within a response, and changes were made to aspects of communication and coordination as the response evolved.

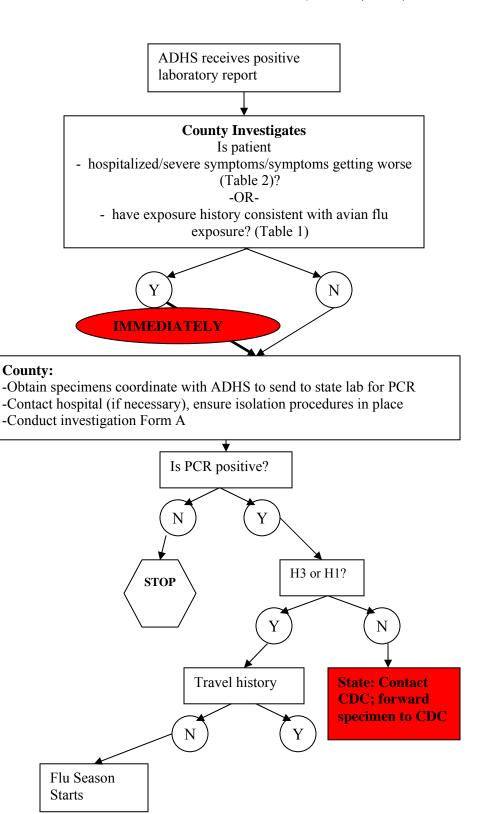
Attachment 1 Protocol for Clinical Reports of Influenza-Like Illness (ILI)



Attachment 2 Protocol for Positive Rapid Tests



Attachment 3 Protocol for Positive Influenza Test (Culture, PCR, DFA-not rapid)



Attachment 4 Human Influenza A (H5) Domestic Case Screening Form



Human Influenza A (H5) Domestic Case Screening Form

1. Reported By Date reported to state or local health State/ local Assigned Case ID: department: m m d d Last Name: First Name: Affiliation: Email: State: Phone 1: Phone 2: Fax: 2. Patient Information City of Residence: County: State: Race: (Choose One) Age at onset: ____ 🗆 Year(s) □ American Indian/Alaska Native □ White □ Month(s) □ Asian □ Unknown □ Black □ Native Hawaiian/Other Pacific Islander Sex: □ Male Ethnicity: □ Non Hispanic □ Female □ Hispanic 3. Optional Patient Information Last Name: First Name: 4. Signs and Symptoms A. Date of symptom onset: mm dd yyyy B. What symptoms and signs did the patient have during the course of illness? (check all that apply) Fever > 38° C (100.4° F) Feverish (temperature not taken) Conjunctivitis Shortness of breath Headache Cough Sore throat Other (specify): _ C. Was a chest X-ray or chest CAT scan performed? □ Yes* □ No □ Unknown If yes", did the patient have radiographic evidence of □ Yes* □ No □ Unknown pneumonia or respiratory distress syndrome (RDS)?

February 19, 2004

Page 1 of 5

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR DISEASE CONTROL AND PREVENTION

demiologic Ris	k Factors			CDC	Case ID:	
travel to any	ys prior to illne of the countri se fill in arrival	ess onset, did the es listed in the t and departure (able below?	□ Yes* **If patien		□ Unknown utside U.S., skip to
Country	Arrival Date	Departure Date	Country	,	Arrival Date	Departure Date
□ Afghanistan			□ Myanmar (Bu	ırma)		
□ Bangladesh			□ Nepal			
□ Brunei			□ North Korea			
□ Cambodia			□ Oman			
□ China			□ Pakistan			
□ Hong Kong			□ Papua New C	Juinea		
□ India			☐ Philippines			
□ Indonesia			□ Saudi Arabia			
□ Iran			□ Singapore			
□ Iraq			☐ South Korea			
□ Israel			□ Syria			
□ Japan			□ Taiwan			
□ Jordan			□ Thailand			
Laos			□ Turkey			
□ Lebanon			□ Viet Nam			
□ Масао			□ Yemen			
□ Malaysia						
B. Did the pation poultry or do	rior to illness or ent come withir omesticated bir	nset, <u>while in the</u> n 1 meter (3 fee ds (e.g. visited a or a bird market	t) of any live a poultry farm, a	a	 ′es° □ No	□ Unknown
C. Did patient t	touch any recer	ntly butchered p	oultry?	- Y	′es □ No	□ Unknown
		in the same ho severe flu-like il		- \	′es □ No	□ Unknowr
	ent visit or stay uman influenza	in the same ho A(H5) case?*	usehold with a	- \	′es □ No	□ Unknowr
	an influenza A(I			۱۵	∕es □ No	□ Unknowr

February 19, 2004

Page 2 of 5

	CDC ID:		
6. Exposure for Non Travelers			
For patients whom did not travel outside the U.S.,			
in the 10 days prior to illness onset, did the patient visit or stay in the same household with a traveler returning from one of the countries listed above who developed pneumonia or severe flu-like illness?		□ No	□ Unknown
If yes*, was the contact a confirmed or suspected H5 case patient?	□ Yes*	□ No	□ Unknown
If yes*; CDC ID: STATE ID:			

Laboratory Evaluation

7. State and loca	al level influenza test results	
Specimen 1	•	
	□ Broncheoalveolar lavage specimen (BAL) □ OP swab □ Other	, ,
	□ Direct fluorescent antibody (DFA) □ Rapid Antigen Test* Test:	Result: Influenza A Influenza B Influenza (type unk) Negative Pending
Specimen 2		•
	□ Broncheoalveolar lavage specimen (BAL) □ OP swab □ Other	, ,
	□ Direct fluorescent antibody (DFA) □ Rapid Antigen Test*	Result: Influenza A Influenza B Influenza (type unk) Negative Pending
Specimen 3		
□ NP swab	□ Broncheoalveolar lavage specimen (BAL) □ OP swab □ Other	, ,
	□ Direct fluorescent antibody (DFA) □ Rapid Antigen Test* Test:	Result: Influenza A Influenza B Influenza (type unk) Negative Pending

February 19, 2004

				CL	DC I	D:						_
8. List specimens sent to	the CDC											
Select a SOURCE® from ti	he following list for	r each specii	men: Serum (acu	te),	serı	ım ((co	nva	les	cen	t),
NP swab, NP aspirate, broncheoalveolar lavage specimen (BAL), OP swab, tracheal aspirate, or												
tissue												
Specimen 1:			Collected :			,		,				
□ Clinical Material	Source*:		conected .			′ _		- ′ .				
□ Extracted RNA			Date Sent:			/						
□ Virus Isolate						d					v	v
Specimen 2:			Collected			,		,				
□ Clinical Material	Source*:		Collected :			′ <u> </u>						
□ Extracted RNA			Date Sent:									'
□ Virus Isolate			2			d						y
Specimen 3:			Callagtad			,		,				
□ Clinical Material	Source*:		Collected :			/ _	- <u>-</u>	-/.	_	-	<u> </u>	<u> </u>
□ Extracted RNA			Date Sent:									,
□ Virus Isolate						d						y
Specimen 4:			Collected			,		,				
□ Clinical Material	Source*:		Collected :								_	_
□ Extracted RNA			Date Sent:									,
□ Virus Isolate			Date Sent.			′ <u>d</u>						y_
Specimen 5:			Callagand					,				
□ Clinical Material	Source*:		Collected :					-/.	_		_	_
□ Extracted RNA			Date Sent:								-	-
□ Virus Isolate					m							
Carrier:		Tracking #	:									
9. Case Notes:												

February 19, 2004

		CDC ID:
CDC Contact Information (OR CDC USE ONLY)	
Case status and date status Clinical Case (lab results pending) Influenza A pos. Case (subtype pending) Confirmed Case	applied: m m d d y y y y m m d d y y y y m m d d y y y y	Ruled Out/Non-Case: ///
Date Entered by CDC:	///	Contact Date: / /
Name of CDC Contact:		
*Alternative Diagnosis		
A. Was an alternative non- If yes* specify:	nfluenza respiratory pathogen d	etected? 🗆 Yes* 🗆 No 🗀 Unknown
B. Was there a diagnosis ot If yes* specify:	her than respiratory infection?	□ Yes* □ No □ Unknown

Appendix B.1 Ensure Surveillance and Laboratory Capacity during Each Phase of a Pandemic

LABORATORY

Arizona State Public Health Laboratory

The Arizona State Public Health Laboratory is a critical component of the overall public health response to pandemic influenza. The capability of differentiating common influenza from pandemic influenza depends upon the rapid detection and characterization that is available only at public health laboratories.

- Public health laboratories contribute to national laboratory-based surveillance efforts.
- Only through laboratory testing can the signs and symptoms of influenza-like illness be attributed to a definitive pathogen.
- Only by identifying the pathogen can appropriate treatment and control measures be taken to prevent the spread of the disease
- Once public health laboratories detect and characterize a newly emerging influenza strain, (e.g. the highly pathogenic avian influenza (H5) in the U.S.), a sound epidemiologic approach to monitor and respond to the infectious agent can begin.

The state public health laboratory has led statewide laboratory preparedness and response efforts. Arizona's laboratory has used federal funding to enhance biological and chemical terrorism preparedness and response activities and improve diagnostic capabilities and capacities for responding to all hazards including pandemic influenza. Specifically, the laboratory:

- Provides accurate and rapid state-of-the-art testing for detection and identification of newly emergent subtypes of influenza such as H5N1
- Leads laboratory-based surveillance efforts within each state and contributes to national surveillance efforts as members of a network of World Health Organization collaborating laboratories
- Provides viral samples to the Center for Disease Control and Prevention for further characterization throughout the pandemic period and contributes to the selection of future vaccine strains

The Arizona State Public Health Laboratory not only contributes to the detection and identification of influenza, but also coordinates with a network of clinical and physician office laboratories to support and coordinate their diagnostic testing for influenza by:

- Providing education, training, and guidance on use and interpretation of rapid hand-held influenza tests
- Maintaining a close working relationship with veterinary diagnostic labs to monitor influenza activity within animal populations that may impact human populations
- Assisting in the development of pandemic preparedness and response plans within states.

The Arizona State Laboratory has four fully operational Biosafety Level 3 laboratories with enhancements for HEPA-filtered exhaust air and treated waste streams. There are three such enhanced BSL-3 laboratories in operation in Microbiology, covering the sections of Virology, TB/Mycology, and Bioterrorism. In addition, there is a fourth BSL-3 laboratory in the Training

Laboratory, which can be immediately put into operation to handle surge capacity for laboratory testing during outbreak situations.

Roles and Responsibilities and Laboratory Testing

Clinical and Hospital Laboratories

- Work with the State Public Health Laboratory to address laboratory surge capacity issues
- Train personnel in the management of respiratory specimens during an influenza pandemic
- Refer specimens from patients with suspected novel influenza to the state public health laboratory
- Institute surveillance for influenza-like illness among laboratory personnel working with influenza virus
- Test clinical samples by rapid identification methods or viral culture
- Forward specimens containing suspect novel viruses to the State Public Health Laboratory

State Public Health Laboratory

- Perform diagnostic testing
- Support surveillance activities
- Year-round seasonal influenza surveillance
- Novel influenza subtypes
- Participate in pandemic planning and exercises
- Institute surveillance for influenza-like illness among laboratory personnel
- Develop/review pandemic response plans and checklists
- Educate clinical laboratorians on the safety and handling of specimens suspected to contain novel influenza viruses
- All Influenza specimens received by the State Laboratory are tested by Real Time RT-PCR with primer/probe sets for Influenza A (group), Influenza A subtypes H1, H3, H5, and H7, and Influenza B (group).
- PCR positive specimens are inoculated into cell culture for virus isolation
- Hemagglutination Inhibition (HI) testing is done to determine influenza A subtype or influenza B subtype
- Refer specimens to the CDC if a patient meets the requirements for infection with a novel influenza virus and tests positive for Influenza A virus

Laboratory Testing Capability and Surge Capacity

Influenza testing is routinely provided by the Virology Section of the State Laboratory. Testing for the seasonal strains of the influenza virus has been conducted using traditional culture methods for isolation, identification, and strain characterization. The Virology Section incorporated molecular testing in the testing regimen within the past few years to screen for the identification of avian strains of the Influenza virus, including the suspected pandemic H5 strain.

There are currently 5 Public Health Scientists in the Virology Section, including the Supervisor. These scientists conduct testing for many of the cultureable viruses, including the seasonal influenza virus. In addition to the 5 Virology staff, the laboratory has 5 staff in the Bioterrorism Section that have cross-trained in the molecular procedures for identification of Pandemic Influenza, and are available to provide assistance in the event the capacity of the Virology Section has been exceeded.

The number of Applied Biosystems used for PCR will determine the number of specimens that can be tested. The BioRobot can extract 78 specimens in 3.5 hours (including preparation time). The MagNA Pure Extraction system can also extract up to 24 specimens in 3.5 hours. For the standard surveillance algorithm (Flu A group, H1, H3, H5, H7, Flu B group, RNP), each ABI machine can test up to 9 specimens per plate. At this time, Virology has access to 3 ABI systems in microbiology. The laboratory will be able to run 54 specimens in an 8-hour workday, 81 specimens in a 12-hour workday, or 162 specimens in a 24-hour workday, assuming optimum conditions with no delays.

During high volume periods where more than 200 specimens are received daily, a modified algorithm for testing of Influenza A, H5, and RNP (to rule out avian influenza only) will be used. The extraction time will still be 3.5 hours per plate but the laboratory would be able to test 174 specimens in 12 hours and 348 specimens in 24 hours.

If the laboratory receives less than 100 specimens a day, one scientist will be able to perform both extractions and PCR in a 12-hour day. If more than 200 specimens are received, the maximum number of scientists needed is two (one scientist for extraction and one for PCR) in a 12-hour shift. During high volumes (>300 specimens), two 12-hour shifts will be implemented, with two scientists per shift. The Virology section will also start rapid training to additional personnel. Currently the Virology section is staffed 7 days a week from 8 am to 5 pm. Influenza testing will be available on the weekends.

Laboratory supplies are inventoried and maintained to handle up to 2,000 specimens at any given time. The Virology section tested a total of 800-900 influenza specimens during the 2005/2006 influenza season.

All laboratory equipment used for influenza testing (Applied Biosystems machines, BioRobot, MagNA Pure) has regularly scheduled monthly, semiannual, and annual preventative maintenance performed.

OPERATING SUB-OBJECTIVE B.1.5: IMPLEMENTATION STEPS FOR AUGMENTING THE CAPACITY OF PUBLIC HEALTH AND CLINICAL LABORATORIES

Ability to Test for Influenza Viruses Year-Round

The Virology Section of the State Laboratory operates 7 days per week. Respiratory specimens are tested throughout the year in the Virology Section, who look for Influenza and other respiratory viruses. Each specimen is inoculated into a combination of cell-lines that are sensitive for the growth of the respiratory viruses. Thus, the laboratory is prepared and capable of detection of an Influenza Virus on a year-round basis.

Performing PCR or IF Testing for Rapid Detection and Subtyping of Influenza Viruses

Specimens submitted for specific testing for the detection of an Influenza Virus are immediately subjected to a panel of rapid tests using PCR analysis. The samples are tested for Influenza A subtypes H1, H3, H5, H7, and Influenza B. In addition, the sample is inoculated into cell culture for isolation and sub typing.

The Virology team at the State of Arizona Public Health Laboratory numbers four members, all of whom are technically proficient on high throughput analysis of specimens. With current personnel up to 324 specimens can be processed in a twenty-four hour period if this level of testing becomes necessary. Additional personnel from the Bioemergency Response Staff are trained and will demonstrate yearly competency on extraction, setup, and analysis of samples for real-time RT-PCR of samples. Viral culture, IFA/DFA, hemadsorption, and hemagglutinin procedures will be performed by our Virology Staff for positive samples.

A survey of clinical laboratories with virology testing procedures is in progress. This survey will be performed annually to assess contact information for laboratory directors, virology managers, and emergency contact information for each facility. In addition, testing capacity of each lab is determined to identify potential surge capacity and/or early screening testing. Additional clinical laboratory facilities to enhance capability are currently being analyzed. Further information should be compiled and a Memo of Understanding (MOU) will be retained on file for participating laboratories. Additional facilities for testing of sentinel flocks for presence of avian strains of influenza are available from the State of Arizona Veterinary Diagnostic Laboratory as needed.

Protocols for Safe Specimen Collection and Testing and Proper Handling and Shipment of Specimens

The Arizona State Laboratory has developed and shared protocols for the safe specimen collection and testing. The laboratory has prepared and distributed to its partners, including county health departments, health care facilities, and other clinical laboratories, a <u>Guide to Laboratory Services Manual</u> with detailed instructions for the proper collection of clinical diagnostic samples. In addition, the guide is available on the laboratory's website: http://azdhs.gov/lab/micro/index.htm

The protocols include proper specimen type, transport medium, special comments/instructions, proper collection times, and proper holding temperatures if samples cannot be tested or transported immediately. In addition, the laboratory has information available on the estimated turnaround time for completion of laboratory tests.

In the <u>Guide to Laboratory Services Manual</u>, the State Laboratory has also prepared information for the proper packaging and shipping of clinical or reference samples to the State Laboratory. The State Public Health Laboratory is the designated reference laboratory for all influenza testing in the state, including seasonal viruses and novel strains.

The Arizona State Laboratory has examined options for expediting the referral of specimens

from healthcare facilities and other clinical laboratories in the state to the State Laboratory for diagnostic and reference testing. The laboratory investigated the implementation of a statewide courier service. Due to lack of funding, this option has been put on hold until future years.

In the Arizona Influenza Pandemic Response Plan, Supplement 2, information is provided to the clinical/sentinel laboratories for the roles and responsibilities of the clinical laboratories. <a href="http://www.azdhs.gov/pandemicflu/pa

The State Public Health Laboratory has provided instructions on the safe performance of testing using rapid diagnostic test kits. Specifically it states that "Rapid diagnostic tests based on antigen detection are commercially available for influenza. Laboratories in outpatient settings and hospitals can use these tests to detect viruses in 30 minutes. Some tests can detect Influenza A viruses, including avian strains. Testing is not capable of distinguishing between the subtypes of influenza".

Training for hospital clinical laboratories is performed for each laboratory in the state including training for collection and handling of samples suspect for Avian Influenza. Flow charts and informational posters will be created and distributed to clinical hospital laboratories in addition to training sessions hosted at the State Public Health Laboratory or onsite at the clinical hospital laboratory as needed.

How and to Whom a Potential Case of Novel Influenza Should be Reported and Mechanism for Submitting Specimens to Referral Laboratories

Isolation of a novel influenza will trigger a call tree, including notification of epidemiologists within the Department's Bureau of Epidemiology and Disease Control, and the Influenza Branch of the Centers for Disease Control in Atlanta. Information will be shared including patient information, specimen source, virus subtype, and submitting agency. In discussions with the CDC, arrangements will be made to transport the specimen to the CDC for further virus characterization.

The laboratory call-down procedures within the state are as follows:

Laboratory Director – Victor Waddell, Ph.D	(602) 364-0609
Office Chief of Infectious Diseases – Patty Gast	(602) 364-4564
State Epidemiologist – Ken Komatsu	(602) 364-3587
CDC Influenza Branch – Alexander Klimov, Ph.D.	(404) 639-3387

The contact information at the CDC Influenza Branch is provided below for submission of samples to the CDC:

Alexander Klimov, Ph.D. Chief, Virus Surveillance and Diagnosis Branch Influenza Division Centers for Disease Control and Prevention 1600 Clifton Road, N.E, MS: G16 Atlanta, GA 30333

OPERATING SUB-OBJECTIVE B.1.6: SYSTEMS AND PROCEDURES THAT WILL BE USED TO EXCHANGE SPECIMEN-LEVEL DATA ELECTRONICALLY AMONG LABORATORIES

All specimens and results are recorded in STARLIMS. STARLIMS is a laboratory information management system that is PHIN compliant. The CDC has provided grant funding for the purchase of STARLIMS for use in many of their laboratory areas. The CDC and numerous other state public health laboratories are working with the STARLIMS Corporation on business rules for sharing laboratory information and data electronically. There is no confirmed date for completion. Once completed, however, the State Public Health Laboratory will be capable of sharing data electronically between healthcare facilities, other clinical laboratories, other state public health laboratories, and the CDC.

Although electronic data sharing has yet to be formalized with the STARLIMS system, the Arizona State Laboratory has extensive coordination and communication with other laboratories and public health partners. The laboratories of the sentinel facilities are the first to receive samples from people affected by the event. To ensure proper chain of communications during emergency disasters and to ensure a minimum amount of disruption occurs to public health issues during such a crisis, a contact system with the State Public Health Lab's Emergency Preparedness group is essential in maximizing triage, diagnosis, and treatment of afflicted individuals. The State of Arizona Public Health Laboratory maintains an after hours emergency cell phone (602-283-6277) of which the number has been made available to sentinel facilities. This number is available for the clinical laboratory community to notify the State Public Health Laboratory of a potential emergent situation that may threaten public health.

The State Public Health Laboratory also has a notification system in place to notify laboratories of potential disasters affecting clinical, veterinary, agricultural, or environmental health. The State of Arizona's Secure Integrated Response Electronic Notification (SIREN) is designed to contact laboratories and give instructions for a plan of action or to contact the State Public Health Laboratory for further direction.

In order to ensure proper communication is achieved in times of emergency, and to test the effectiveness of an action plan, the State Public Health Lab conducts drills annually. The drill usually proceeds in two parts, information gathering and an actual call to the laboratories. The information gathering is to make sure the laboratory knows the contact information for the State Public Health Laboratory and to ensure the emergency contact numbers for the clinical laboratory are correct. The actual call for the drill proceeds as a pre-recorded message instructing the listener to confirm that the message was received and to contact the State Public Health Laboratory's 24-hour emergency cell phone.

OPERATING SUB-OBJECTIVE B.1.7: CALL-DOWN PROCEDURES

The laboratory call-down procedures within the state are as follows:

Laboratory Director – Victor Waddell, Ph.D (602) 364-0609 Office Chief of Infectious Diseases – Patty Gast (602) 364-4564 State Epidemiologist – Ken Komatsu (602) 364-3587

OPERATING SUB-OBJECTIVE B.1.8: LOCATIONS FOR ADDITIONAL LABORATORY FACILITIES

The State Laboratory has participated in the development of a Memo of Understanding between the states of Utah, New Mexico and Colorado to provide surge capacity testing. State laboratories within this four-corners region have agreed to enhance the laboratory capacity of the other states for response of pandemic proportions during a local or statewide outbreak of a novel strain of Influenza.

Testing and Exercising State Laboratory Plans

What Was Tested and Why

The State of Arizona Public Health Laboratory participated in the ADHS Hospital Pandemic Influenza Functional Exercise which is designed to test the medical surge and communications of the hospital facilities to communicate to the state and local county public health officials. This exercise occurred on May 6, 2008 in which the State Public Health Laboratory participated with a laboratory component. The State Lab Virology section tested samples as participation in this drill. The samples came into the State Lab Virology section's morning samples to be incorporated within the normal work period. No warning was given to the section staff until the samples arrived. The samples were marked as a high acuity sample in need of immediate testing. The staff was able to redirect efforts to test the samples so that the results were returned within the expected turn-around as previously stated in the Pandemic Influenza Response Plan. This drill permitted the State Public Health Lab to identify potential gaps in testing algorithms and enabled the Virology section to identify the gaps and make necessary changes to the sample testing algorithms.

In 2007, an informational survey was distributed to the clinical laboratories in Arizona to determine their emergency contact information and laboratory capabilities for specimen testing in a Pandemic Influenza situation.

In response to readiness for major events in which mass casualty situations could occur, the State Public Health Laboratory's Bioemergency Detection and Response Section maintains a high standard of training and competency for staff. This level of training was exercised during the 2008 Super Bowl held in Glendale, Arizona. In support of the 91st Civil Support Team (CST), the Bioemergency Detection and Response Team was called in after hours to perform testing on samples collected during the game. The Bioemergency Detection and Response Team was notified by the after-hours on-call cell phone by the CST and the BT call down procedure was initiated. Within approximately 35 minutes, the laboratory staff had arrived at the lab to receive the samples for testing. Standard sample procedures for testing were followed, the 62 samples submitted were tested, and sample results were reported to the Assistant Bureau Chief of Bioemergency Response and to the CST. Samples were analyzed for the presence of all threat agents in the Laboratory Response Network panel within six hours.

How Testing Improved Plans

The results of the informational survey served to identify the emergency contact information for the clinical laboratories. This enables the State Public Health Laboratory to maintain communications to the sentinel labs in the event of a public health emergency. The contact information will be used for call-down drills in the future. The informational survey also identified the potential capabilities of the laboratories so that an outline of the laboratory testing algorithm could be discerned. This also enabled the identification of the type, quantity, and quality of samples that could be identified for each lab.

Sample testing during a major event such as Super Bowl enabled the laboratory to test response capabilities and testing algorithms. The samples were of a complex matrix and permitted testing of our staff's ability to work with difficult matrices and exercise their technical capabilities. The procedures for notification of staff mobilization for reporting to the lab during an incident, ability to rapidly begin processing samples for testing, and completion of testing capabilities were all additional elements that were exercised during this event.

Appendix B.2 Assist with Controls at U.S. Ports of Entry

Arizona does not host a U.S. Department of Health and Human Services (HHS), Centers for Disease Control (CDC) Quarantine Station. Therefore, this appendix will address preparedness and planning efforts at the state and local health department level for communicable disease response along the Arizona-Sonora border and at Sky Harbor Airport.

Summary of Planning and Response Activities at Sky Harbor International Airport

Customs and Border Protection

The authority for Customs and Border Protection (CBP) to quarantine comes from the CDC. This authority comes from Title 42, section 361 of the Public Health Service Act. Although not likely, the CBP officers at Sky Harbor are prepared to order quarantine. The City of Phoenix and CBP work closely on quarantine issues at Sky Harbor. For short-term quarantine (a few hours), the Federal Inspection Station (Terminal) could be utilized pending a response from local and state public health personnel. Additionally, an isolation area in Terminal 2 could be utilized should the severity of the pandemic be enhanced or more strict control over passengers is needed. The movement of passengers to the isolation area is coordinated through the City of Phoenix's land side operations (Oscar 20) via their emergency line. Existing protocols require that CBP contact local and state responders for security and control issues.

The airlines have local agreements with hotels to house passengers or families of passengers. Maricopa County maintains a contingency for housing large numbers of people around the city. CBP would assist with any portion of the quarantine process. The City and the airlines will contract out to provide food for quarantined passengers. While under CBP control, the passengers will be cared for by CBP with assistance from the City of Phoenix, Maricopa County, and/or other state agencies. CBP will provide a means for family members to connect.

CBP works regularly with the Federal Aviation Administration (FAA) and the Transportation Security Authority (TSA). If it is necessary to lock down the international wing and stop incoming traffic, the FAA, airlines, TSA and others are contacted via the city emergency response line. The City of Phoenix may stand up the Emergency Operations Center (EOC) should the length and severity of the threat adversely affect airport and city operations. All further decisions made regarding the response would be made from the combined EOC command

The release of passengers remains a logistical issue, not a security issue. The City of Phoenix will work with each passenger to catalogue their itineraries so they are sent to their original destination. CBP assumes that during the quarantine process, the public health emergency responders will request CBP's assistance in gathering this type of information from the passengers. CBP also maintains an internal tracking system that could provide some further information on passenger travel if necessary.

City of Phoenix Aviation Department Isolation Procedures

This protocol outlines the steps that the City of Phoenix Aviation Department and others will take to isolate an aircraft and its passengers due to a natural disaster, pandemic outbreak, biological, chemical or other threat to the public.

Key points identified in the procedures include:

- A unified command team comprised of police, fire, aviation, and the affected aircraft operator will be established.
- An Incident Command (IC) Post location will be declared.
- IC will make contact with:
 - o Maricopa County Public Health Department (MCPHD)
 - o CBP
 - o TSA
- Only MCPHD, CBP, or the TSA can legally authorize the isolation or detainment of passengers.

Note: Please see the referenced <u>City of Phoenix Aviation Department Isolation Procedures</u> document for full detail

The following responses pertain to communicable disease control at the U.S.-Sonora Mexico border.

OPERATING SUB-OBJECTIVE B.2.1: PLAN STRATEGIES FOR CONTROLS AT PORTS OF ENTRY

PREPARE

Port of Entry (POE) Communicable Disease Response Plan

The CDC does not have a quarantine station located in Arizona. The San Diego, California quarantine station is responsible for all Arizona Ports of Entry (POEs).

According to Arizona-located CBP and the San Diego Quarantine Station personnel, for any and all infectious disease related events, CBP is to contact the San Diego Quarantine Station. CBP maintains a pandemic influenza response plan, however, this plan has not been shared with outside partners.

The Arizona POEs do not have a communicable disease response plan. However, after discussion with San Diego Quarantine Station personnel, a draft communicable disease response plan for POEs has been developed and is being finalized. Once the plan is finalized, it will be distributed to all Quarantine Stations and POEs. Both the Arizona Department of Health Services (ADHS) Office of Border Health and the San Diego Quarantine Station will work collaboratively to develop a communicable disease plan for Arizona and its POEs.

The local county and tribal health departments are responsible for response to infectious disease outbreaks, including pandemic influenza. ADHS provides resource support to local county and tribal health departments. Each Arizona local border health department has developed a written pandemic influenza response plan. Each local health department has had discussions with POEs regarding pandemic influenza planning, and contact information is shared in communications plans.

At the state level, the ADHS Office of Border Health developed a regional, binational pandemic influenza response plan with the Sonora, Mexico Secretariat of Health (titled *Arizona-Sonora Regional Pandemic and Emergency Response Plan Supplement 13*). The goal of this regional response plan is to link the two established State plans together to increase the efficacy of coordinated activities between ADHS and the Secretaría de Salud Pública de Sonora (SSS) during a binational infectious disease outbreak, pandemic influenza, or all public health emergencies affecting Arizona and Sonora.

Incident Command and Control Structure for POE Communicable Disease Response Plan

Until the POE Communicable Disease Response Plan is available, it is undeterminable if the Incident Command and Control Structure will be implemented.

Local county and tribal health departments are responsible for the response to an infectious disease outbreak, such as pandemic influenza. As required by the National Incident Management System (NIMS), local border health department plans do include an incident command structure which may include CBP personnel.

Ill Passenger Assessment and Isolation Procedures for POE Communicable Disease Response Plan

Until the Communicable Disease Response Plan is available, it is undeterminable if passenger assessment and isolation procedures will be addressed.

According to Arizona-located Customs and Border Protection personnel, the CBP will contact the CDC and utilize Federal CDC Assessment and Isolation procedures.

Local border health departments' emergency response plan and/or pandemic influenza response plans does include isolation and quarantine protocols and procedures, and should have appropriate clinical personnel and isolation procedures identified in their response plans to assess border crossers. However, it is important to note that the Arizona border communities have fewer resources and may need to augment existing personnel to maintain adequate numbers of qualified personnel to conduct ill passenger assessments.

POE Communicable Disease Response Plan – Legal Orders

According to Arizona-located CBP and San Diego Quarantine Station personnel, the CBP POEs will utilize federal CDC authority for isolation and quarantine legal authority. During a meeting

held in Nogales, Arizona in May 2008, CDC Quarantine Station personnel stated that CBP will only use Federal CDC authority.

The local health departments, the Arizona Department of Health Services and Sonora Secretariat of Health are under legislative statutes that provide guidelines for Isolation and Quarantine authority:

International Consideration

- Consular Affairs: The U.S. Department of State Foreign Affairs Manual, Volume 7 Consular Affairs, 7 FAM 359 Consular Affairs Notification and Access in Cases of Quarantinable Communicable Diseases. (CT:CON-120; 12-06-2005)
- Consular Notification: The Vienna Convention on Consular Relations (VCCR) obligates parties to the Convention to advise foreign nationals held in either quarantine or isolation for health reasons of their right to have a consular office notified of their detention if they so request. Specifically, subparagraph (b), paragraph one, Article 36 requires host countries to apprise a foreign national of his/her right to have a consular officer notified "without delay" if the person is "arrested or committed to prison or to custody pending trial or is detained in any other manner." Individuals who are quarantined or isolated and thus deprived of their freedom of movement are, in the Department's view, "detained" within the meaning of Article 36 of the VCCR, (see 7 FAM 310 and 7 FAM 363.2).

United States Federal Level

Secretary of the Department of Health and Human Services, Centers for Disease Control and Prevention: Title 42 United States Code Section 264 (Section 361 of the Public Health Service [PHS] Act) gives the Secretary of the Department of Health and Human Services (HHS) responsibility for preventing the introduction, transmission, and spread of communicable diseases from foreign countries into the United States and within the United States and its territories/possessions. This statute is implemented through regulations found at 42 CFR Parts 70 and 71. Under its delegated authority, CDC, through the Division of Global Migration and Quarantine, is empowered to detain, medically examine, or conditionally release persons suspected of carrying a communicable disease

In general, HHS defers to state, tribal and local health authorities in the primary use of their separate quarantine powers. Based on experience and collaborative working relationships with our state, local, and tribal partners, CDC anticipates that the need to use this federal authority to quarantine a person will occur only in rare situations, such as in events at ports of entry or other time-sensitive settings. This authority will be used only if a person poses a threat to public health and refused to cooperate voluntarily.

Arizona State Level

• Arizona Revised Statutes (ARS) §36-788. Isolation and quarantine during a state of emergency or state of war emergency.

- O During a state of emergency or state of war emergency as declared pursuant to section 36-787, the department or local health authority must initiate an investigation if that agency has reasonable cause to believe that a highly contagious and fatal disease exists within its jurisdiction. Subject to the provisions of this article, persons who have contracted the disease or who have been exposed to the disease may be subject to isolation and quarantine if the director determines that quarantine is the least restrictive means by which the public can be protected from transmission of the disease, due to the nature of the disease and available preventive measures, or refusal by an individual to accept less restrictive measures to prevent disease transmission. Diseases for which isolation and quarantine may be ordered do not include acquired immune deficiency syndrome or other infection caused by the human immunodeficiency virus.
- o The department or local health authority may, during the state of emergency or state of war emergency declared by the governor, do the following:
 - Establish and maintain places of isolation and quarantine, which may include the residence of the person quarantined.
 - Require isolation or quarantine of any person by the least restrictive means necessary to protect the public health. The department or local health authority shall use all reasonable means to prevent the transmission of disease among the isolated or quarantined persons.
- The department, a county health department or a public health services district shall ensure, to the extent possible, that the premises in which a person is isolated or quarantined is maintained in a safe and hygienic manner and is designed to minimize the likelihood of further transmission of disease or other harm to a person subject to isolation or quarantine. Adequate food, clothing, medication and other necessities, competent medical care and means of communicating with those in and outside these settings shall be made available.
- A person subject to isolation or quarantine shall comply with the department's or local health authority's rules and orders, shall not go beyond the isolation or quarantine premises and shall not come in contact with any person not subject to isolation or quarantine other than a physician or other health care provider, department or local health authority or person authorized to enter an isolation or quarantine premises by the department or local health authority.
- Other than a person authorized by the department or local health authority, a person shall not enter an isolation or quarantine premises. If, by reason of an unauthorized entry into an isolation or quarantine premises, the person poses a danger to public health, the department, or local health authority may place the person in isolation or quarantine pursuant to this section or section 36-789.
- The department, or local health authority must terminate isolation or quarantine of a person if it determines that the isolation or quarantine is no longer necessary to protect the public health.

Arizona Local Level

When a county health department or public health services district is apprised that infectious or contagious disease exists within its jurisdiction, it shall immediately perform an investigation.

If the investigation discloses that the disease does exist, the county health department of public health service district may adopt quarantine and sanitary measure consistent with ARS §36-788 and §36-789 to prevent the spread of the disease.

The county health department or public health service district shall immediately notify the department of health services of the existence and nature of the disease and measures taken concerning it.

Sonora (State and Local Level)

Measures to reduce risk of disease transmission of infected persons will be enforced by public health and public safety personnel. These measures correspond to interventions of isolation and quarantine:

- Closures of schools, theaters, cinemas, bars, and stadiums
- Not attending social events
- Avoiding direct contact with persons who are ill
- Public health response teams donning personal protective equipment (PPE), such as masks, special suits, gloves and eye protection

Measure to reduce the risk of disease transmission of contacts will include:

- Medical attention for contacts
- Self-care and self-monitoring (take temperature)
- Visit a physician if a contact presents with symptoms
- Voluntary quarantine (home self-confinement) of healthy contacts
- Recommendations to contacts to reduce social interaction and avoid travel to noninfected areas

Measures to increase social distancing include:

- Voluntary confinement of symptomatic persons
- School closures at all education levels
- Measures to reduce contacts of school children with adults

Separate Quarantine Facilities

According to Arizona-located Customs and Border Protection personnel, the Arizona POEs do not have separate quarantine facilities, or facilities that do exist are not built with negative pressure ventilation.

There has been discussion by and with local border health departments regarding voluntary quarantine and providing public education. Local health departments have isolation and quarantine authority, and have developed plans that address locations and facilities to house suspect cases or cases of pandemic influenza, including planning for isolation of individuals at home.

Release of Passengers

According to Arizona-located Customs and Border Protection personnel, CBP will utilize Federal CDC authority for assessment of individuals for release.

At the local level, health department policy decisions regarding release of passengers will be determined by guidance from the local health officer and Chief Medical Officer, ADHS physicians and policy leaders, and guidance from the CDC.

Public and Media Communication

According to Arizona-located Customs and Border Protection personnel, the Public Information Officer is responsible for public and media communications. As with prior statewide exercises and events, the CBP Public Information Officer (PIO) has a seat and participates at the Joint Information Center (JIC).

Public information activities at the local and state health department level are discussed in the agencies' pandemic influenza response and risk communications plans. These activities are coordinated at the local and state level with emergency management and utilize existing public information systems.

Conveyance Reuse/Decontamination Issues

According to Arizona-located Customs and Border Protection personnel, POEs have equipment and training for HAZMAT decontamination. Additional decontamination issues will be coordinated with the CDC San Diego Quarantine Station and local Public Health & Emergency Management agencies.

POE "Hand Off" to Other Agencies

According to Arizona-located Customs and Border Protection personnel, no agreements exist between the POE and other agencies. "Hand Off" of 'sick' persons will be done on an as-needed basis with local hospitals. Customs and Borer Protection and the CDC San Diego Quarantine Station will coordinate with the local health department and hospital during "Hand Off".

Hospitals Under Agreement with Quarantine Station

As per San Diego Quarantine Station personnel, there are no known Arizona hospitals under agreement with the Quarantine Station. After telephone consult with the San Diego Quarantine Station, CBP and BP personnel will be advised on procedures for visiting local hospitals. Although there are no formal agreements established, informal procedures are followed.

OPERATING SUB-OBJECTIVE B.2.2: IMPLEMENT STRATEGIES FOR PORT OF ENTRY CONTROL OF PANDEMIC DISEASE

RESPOND

There are no agreements in place between the San Diego Quarantine Station, CBP or BP, and the local and State health departments in Arizona. It is recommended that the San Diego Quarantine Station, CBP and BP work and plan collaboratively with the local county and tribal health departments, and ADHS to implement strategies for POE control of pandemic influenza. The POE Communicable Disease Response Plan will address surge capacity issues at the border including delineating roles and responsibilities for the following areas.

Surge Capacity Needs at POEs

Under federal authority, the POEs are required to work with the San Diego Quarantine Station for surge capacity, but should also coordinate with local border health departments and ADHS for surge capacity issues during an infectious disease outbreak, including pandemic influenza.

Roles and Responsibilities

Establishing and Staffing Passenger Public Health Screening

Under federal authority and guidance from the San Diego Quarantine Station, the POEs should establish and staff POEs for passenger public health screening at the border crossings. NOTE: An assessment should be done to determine if POE personnel are adequately trained, or licensed personnel are available at the POEs to provide clinical screenings of passengers. POE personnel should work with local and State, and Mexican health departments to establish protocols for public health screening of individuals crossing the international border.

Distributing Health Alert Notices to Passengers and Crew Members

Under federal authority and guidance from the San Diego Quarantine Station, the POEs should provide appropriate and educational health alert notices at the border crossings. Theses messages should be made in collaboration with the local and State health authorities, in English & Spanish, to provide the public with a unified message. Unified messages should include social distancing, proper hygiene (hand washing), where to go for medical attention, etc.

Providing Laboratory Support

The POEs are federal authority and are authorized to send specimens to the CDC Federal Public Health Laboratory(ies). The POEs do not have an agreement with the Arizona State Public Health Laboratory in Phoenix. However, if the CDC were to request assistance through the Laboratory Response Network (LRN) for laboratory testing for Arizona POEs, the request would be considered depending on the availability of laboratory equipment and reagents needed to test specific specimens.

Following Up on Suspect and Isolated Cases

Under federal authority and guidance from the San Diego Quarantine Station, the POEs should provide follow-up for suspect and isolated cases. NOTE: An assessment should be done to determine if POE personnel are adequately trained, or licensed personnel are available at the POEs to provide clinical screenings of suspect and isolated cases. The POEs and San Diego Quarantine Station should collaborate with local and State health departments to develop protocols for follow up and investigation on local suspect and isolated cases.

Responding to the Needs of Quarantined Persons

Under federal authority and guidance from the San Diego Quarantine Station, the POEs work closely with local and state departments of emergency management to provide for the needs of quarantined individuals. NOTE: An assessment should be done to determine if POE personnel are adequately trained, or licensed personnel are available at the POEs to provide, and respond to, medical needs of suspect and isolated cases.

CDC Quarantine Station and Exercises

An annual table-top exercise is planned for July 2008. All details are forthcoming. A mock scenario is presented to a group of representatives from different agencies and specialties. During the presentation questions are posed to facilitate and direct participation. Some of the objectives are to:

- Introduce local responders and what each has to offer during a critical event
- Test local emergency plans
- Test CBP Continuity of Operations Plans,
- Test local notification procedures,
- Bring awareness to pandemic concerns
- Facilitate and encourage inter-agency coordination around such an event

Entities expected to attend are from our local Emergency Response Team and Emergency Planning Committee, representatives from local law enforcement, city emergency planners and county and state health professionals. Previous pandemic exercises have been very successful and have proven to be an invaluable tool.

Appendix B.3 Implement Community Mitigation Interventions

This appendix references and supports the ADHS Nonpharmaceutical Interventions Community Containment Plan for Pandemic Influenza.

OPERATING SUB-OBJECTIVE B.3.1: IMPLEMENT STRATEGIES FOR ISOLATION AND TREATMENT OF ILL INDIVIDUALS

RESPOND

The Arizona Department of Health Services (ADHS) works closely with the County health departments and pandemic influenza coordinating committees to ensure that local community containment plans are in-place and functional. The State has provided this plan as a template for strategic initiatives regarding the implementation of nonpharmaceutical interventions. Each local jurisdiction maintains an operational plan outlining specific procedures for locations under their authority.

Clear Triggers for Initiating Community Mitigation Interventions

Triggers have been clearly outlined in the ADHS Nonpharmaceutical Interventions Community Containment Plan for Pandemic Influenza. The decision to declare the triggers will be made through guidance from the Centers for Disease Control (CDC) and reporting of laboratory confirmed pandemic influenza in Arizona or the surrounding regions by the Laboratory Response Network and State Public Health Laboratories. Arizona Community Mitigation Strategies are also determined by the Pandemic Severity Index and the World Health Organization (WHO) U.S. Government Stages. The Alert, Standby, Activate method will reflect key steps in escalation of the response action.

State Spokesperson for Communicating Community Mitigation Interventions

The State Spokespersons for providing community mitigation intervention messages to local health departments and the public media are:

- Michael Murphy, Arizona Department of Health Services Public Information Officer (PIO) Director
- Teresa Ehnert, Arizona Department of Health Services Interim Chief for the Bureau of Emergency Preparedness and Response,
- Dr. Laura Nelson, Acting Deputy Director for the Division of Behavioral Health Services.

Approved ADHS Spokespersons

Aside from the Public Information Office, the Incident Commander, the ADHS Director or their surrogate may authorize supplemental spokespersons during a pandemic. The following is a list of approved spokespersons within ADHS:

Director

- Deputy Director
- Communications Director
- Assistant Director, Public Health
- Public Information Officer, Public Health
- Deputy Assistant Director, Public Health
- State Epidemiologist
- Chief Medical Officer
- Chief, Bureau of Epidemiology and Disease Control
- Infectious Disease Specialist

Collaboration with Local Health Departments for Rapid Remote Identification of Possible Cases

All plans have been shared with the local health departments and relevant parts will be reintroduced as necessary through Health Alert Networks (HAN) or conference calls when the situation arises. Identification of cases will rely largely on clinicians or laboratories reporting initial suspect cases, and information will be sent out through HAN when we need providers and labs to be especially alert to suspect cases. Additional information can be provided through press releases or other media outlets to let the public know what to look for or who to call. Lists of employees who can assist other areas of the health department in emergencies are being compiled at both the County and State levels. These individuals will be trained during emergent preparation for the event.

The ADHS Office of Infectious Disease Services (OIDS), with the assistance of partners at the local public health agencies and in consultation with CDC, will provide descriptive and analytical epidemiological reports as needed.

OIDS conducts routine surveillance for seasonal influenza each year, including the monitoring and analysis of:

- Influenza-like illness through the sentinel provider network;
- Positive laboratory reports for influenza from laboratories throughout the state;
- Sub-typing data for selected influenza isolates;
- Influenza-associated mortality data from County/state vital records offices;
- Influenza-associated pediatric mortality;
- Syndromic outpatient, laboratory request, and hospitalization data through BioSense; and
- Data from County health department influenza surveillance activities, including absenteeism rates from selected schools and workplaces.

During the influenza season, these data are analyzed and disseminated weekly through conference calls, the HAN, and ADHS's public website.

ADHS and partners at the local health departments will intensify surveillance activities during a Pandemic Alert (WHO Phases 3 through 5) in order to increase the timeliness and sensitivity of influenza reporting. Routine activities conducted for seasonal influenza surveillance will occur with greater frequency, and additional resources will be devoted to monitoring data quality and

collection. Additional activities not traditionally utilized for seasonal influenza will also be implemented.

The ADHS Infectious Disease Surveillance and Preparedness Program is prepared to conduct, track, and report on disease surveillance activities in the following six categories during an influenza pandemic:

- outpatient (ILI) surveillance
- hospitalization surveillance
- mortality surveillance
- laboratory surveillance
- syndromic surveillance
- surveillance communications

Detection of early suspect cases of pandemic influenza within Arizona will require that local health care providers consider a diagnosis of pandemic influenza, likely based on both clinical presentation and epidemiological risk factors, and rapidly notify public health authorities to speed investigation and testing.

Communications are critical to all of the surveillance efforts described above. In addition to the activities mentioned, during WHO Pandemic Alert and Pandemic Phases, OIDS will be monitoring EpiX alerts and participating in CDC conference calls, and will disseminate information to local health departments, health care providers, and other partners through the HAN, conference calls, Epi-AZ newsletters, and other means.

The Citizen Corps Council has partnered with the "Ready Campaign" and many of the County Health Volunteer Coordinators have partnered with CERT Programs in their counties to incorporate those citizen volunteers in their pandemic and mass care plans. Arizona now has eight Medical Reserve Corps Units; six of the eight were developed in partnership with their County health department to provide trained medical volunteers to assist in medical emergencies and disasters such as a pandemic.

Guidance to Local Health Departments for Communication and Education to the General Public

Arizona State Government works collaboratively with Federal, Tribal, County and City entities. Formal coordination of media groups includes the Arizona PIO Task Force and Media Focus Groups. As a result of these groups, Arizona is prepared with a tangible robust suite of plans to effectively and efficiently respond to a wide variety of emergency situations, including pandemic influenza.

The Arizona PIO Task Force identifies ways to expedite information to the public while working to coordinate media functions with stakeholders statewide. Arizona launched a statewide campaign to inform people of what they need to do to be prepared for them; to be prepared for their families; and to be prepared for their communities. After recent public health emergencies (most notably the hurricanes in the Gulf of Mexico), Arizona recognized that the majority of the

public is simply not prepared to handle emergencies that would require them to take action immediately.

"Just in case Arizona" is a statewide emergency preparedness campaign sponsored by the Arizona Department of Health Services. It simplifies the preparedness message by breaking all emergencies down into one of two types; those for which you need to be prepared to stay (or shelter in place), and those for which you need to be prepared to go (or evacuate). A wealth of information, including check lists and family plans, is also available through AZ 2-1-1 Online at www.az211.gov. AZ 2-1-1 Online helps Arizonans find information about local emergencies and health and human services and is the official sources of timely information during natural or man-made emergencies such as pandemic influenza, wildfires, floods, utility outages, and evacuations. The public wants to be prepared, and this campaign will help them get there and keep their families safe.

A public health information line has been established and can be coordinated, scripted and activated by the Arizona Department of Health Services. The bi-lingual, 24/7 menu-driven information line can be accessed throughout Arizona (Metropolitan Phoenix (602) 364-4500 and statewide (800) 314-9243). In addition, ADHS has the capabilities in place to activate a public health emergency information call center [Metropolitan Phoenix (602) 364-0244 and statewide (866) 894-1594]. This center would be activated and utilized to serve as the State's official "hotline" for Arizona citizen to call with question about pandemic influenza and to screen ill persons and their need to seek medical attention. Staff operating the call center will be trained by the ADHS Bureau of Emergency Preparedness and Response exercise and training personnel.

In a pandemic event, ADHS has the lead in public information functions. Since numerous other agencies will potentially work in support of the ADHS public information function, a Joint Information Center (JIC) may be established as required by the nature and scale of the event. The JIC will perform the following:

- Provide guidance and procedures for disseminating Emergency Public Information (EPI) in support of the state's response and recovery to an emergency/disaster.
- Provide for the effective collection, monitoring, management and dissemination of accurate, useful and timely information to media outlets during emergencies/disasters.
- Disseminate emergency instructions and protective actions to the public.
- Maintain procedures to disseminate public information and instructions for obtaining disaster assistance.
- Provide procedures to develop and disseminate public information regarding governmental response and recovery operations.
- Coordinate EPI to avoid panic, fear and confusion resulting from rumors and hearsay.
- Provide long-term public education efforts related to hazard awareness, family protection planning and emergency self-help.

Arizona State, Counties and Tribes have developed their own distribution materials and have produced local messages for public broadcast. Examples of these messages and distribution materials are referenced and supported by this appendix and can be provided upon request. Currently, some Arizona Counties have distributed pandemic influenza educational materials (brochures) to all households in their jurisdiction. Radio public service announcements have also

been recorded and are ready for use. Subject matter includes snow days, hand washing, and cover-your-cough. Educational materials currently available to distribute include:

- Individual and Family How to be Prepared for a Flu Pandemic Handbooks & Pocket Guides
- Individual and Family Treating Seasonal or Pandemic Flu at Home Handbooks
- Healthcare Staff Preparing for Pandemic Flu Handbooks
- Schools –Stop the Germs & Illness Handbooks
- Schools Clean Hands are Healthy Handbooks
- Tip cards for first responders, clinics, home visitors and shelters regarding vulnerable populations
- Multiple brochures (in English and Spanish) for hand hygiene, avoiding the flu-6 things you can do, keeping clean at school, workplace preparation, what to do if you are sick, the difference between pandemic flu and seasonal flu, grief and recovering from loss
- Stickers for children reminding them to wash, cover cough, etc.
- Handbooks for communicating with patients during urgent care (English and Spanish)
- Emergency kits for families and students that have been distributed county-wide, including flow charts for emergency response
- Local public service announcements have been developed and recorded to promote the following information:
 - o Educate the public to recognize the signs and symptoms of the flu
 - o Encourage the public to voluntarily self-isolate or self-quarantine and for how long
 - o Notify businesses that ill individuals should not go to work
 - o Inform the public of hotline phone numbers and websites for pandemic influenza updates
 - o Inform the public of where to obtain educational materials
 - o Announce the cancellation of large public gatherings (concerts, sporting events, etc.)

Guidance to Local Health Departments to Coordinate Pandemic Treatment Plans with Community Emergency Medical Services and 911 Services

Treatment of people with presumptive or definite pandemic influenza will be managed at the local level. To enhance this capability, local County health departments will:

- Train secondary screeners for remote triage (severity of illness, ability to care for at home).
- Identify community facilities and staffing for ill person who cannot be hospitalized or cared at home.
- Engage community-based home health care resources for care of vulnerable homebound ill persons.
- Distribute educational materials to guide:
 - 1. Care of sick persons at home
 - 2. Infection control
 - 3. When to call hotline (see Section 5.6)

- Identify methods to stockpile and distribute medications (symptomatic treatment antivirals) to homebound.
- Routinely monitor ill persons outside hospitals.
- Share information regarding ill persons between employers, hospitals, and clinical facilities.
- Coordinate subsistence (food, shelter, utilities) for patients with inadequate resources.
- Coordinate community emergency medical services (EMS) and 911 services and establishing protocols and algorithms.

Emergency departments have protocols that have been well studied to determine how to triage patients. They will likely use the same protocols during a pandemic. The key will really be surge capacity for beds, ventilators, etc.

Once the ADHS Antiviral Distribution Plan is activated, antiviral drugs from public stockpiles will be distributed to pre-determined priority groups for diagnosed cases of influenza only. Mass vaccination strategies during a pandemic also rely on priority groups and can only be instituted as vaccine supplies are made available.

Case Definitions for Presumptive/Definitive Diagnosis

Definitive diagnosis is based on laboratory testing. Influenza-like illness is often defined as a fever of at least 101° F along with either cough or sore throat. A specific clinical case definition for pandemic flu will be developed when more is known about the circulating pandemic flu virus (any unique symptoms or epidemiological links such as geography or contact with poultry). In the meantime, the CDC clinical and epidemiological guidance factors regarding testing for suspect avian influenza will be taken into consideration (see http://www2a.cdc.gov/han/ArchiveSys/ViewMsgV.asp?AlertNum=00246).

The CDC health update listed above was distributed to health departments and hospitals through Arizona's health alert network when it first came out. This message will be sent this out again along with any new guidance based on current epidemiology when there is an imminent threat of a pandemic, and will be disseminated to local health departments and hospital infection control practitioners, among others.

The process for making a presumptive/definitive diagnosis will be handled at the local level and will include:

- Case definition for presumptive/definitive diagnosis (fever of at least 101° F along with either cough or sore throat)
- A plan to train local County health department personnel on diagnosis in early and later stages of pandemic.
- Assured stock of test kits for rapid diagnosis.
- Developed agreements with laboratories for rapid diagnostic testing 24/7.
- Developed and planned distribution of educational materials for patients (fact sheets about pandemic influenza, including signs and symptoms, self care, and infection control).

• Plan for notifying businesses that ill persons should not go to work until no longer infectious.

Communicate with Private and Public Sector Health Professionals on Determining Influenza Diagnosis

During a pandemic, it is recommended that the non-acutely ill not go to the hospital except in the case of a medical emergency. Flu related symptoms requiring emergency care include trouble breathing, being confused or incoherent, or a seizure. This information will be widely distributed, in collaboration with Arizona acute care hospitals, to the public through print and electronic media and the modes described in Section 5.6 – Public Health Risk Communication of the ADHS Nonpharmaceutical Interventions Community Containment Plan for Pandemic Influenza.

Once it has been established that Arizona is in a pandemic, the diagnosis of influenza will be purely clinical (based on symptoms). Prior to that, it will require laboratory confirmation with either a viral culture or rapid test.

Strategies for Advising Hospitals to Recommend Patients with ILI Stay Home, with Triage Protocols

In terms of advising hospitals, ADHS will be working with affected hospitals early on as well as advising all hospitals through HAN regarding infection control procedures for this virus. This could include messages for hospitalizations, emergency departments (EDs), as well as discharge instructions.

ADHS has in the past developed press releases and HAN's recommending that patients with ILI stay home and not seek medical attention unless they are severely ill, i.e., difficulty breathing, unable to care for themselves, elderly, immune suppressed, etc. ADHS plans to employ a similar strategy during a pandemic using the press to reach the public, HANs to reach providers, and HAN and the EMSystem to reach hospitals.

Hospitals have been encouraged by ADHS to post visual alerts (in appropriate languages) at the entrances to hospital outpatient facilities (e.g., emergency departments, outpatient clinics) instructing persons with respiratory symptoms (e.g., patients, persons who accompany them) to:

- Inform reception and healthcare personnel when they first register for care, and
- Discourage unnecessary visits to medical facilities.
- Instruct symptomatic patients on infection control measures to limit transmission in the home and when traveling to necessary medical appointments.
- Practice respiratory hygiene/cough etiquette. Sample visual alerts are available at http://www.cdc.gov/germstopper/materials.htm and http://www.cdc.gov/flu/protect/covercough.htm.

ADHS has developed a Flu Education Toolkit specifically for Healthcare, Hospitals and Longterm Care and Assisted Living Agencies (located at <u>http://www.azdhs.gov/flu/flu_toolkit_healthcare.htm</u>). Most of the flyers, posters, brochures, and information sheets are also in Spanish language.

As the scope of the pandemic escalates locally, separate triage areas for persons presenting with symptoms of respiratory infection have been suggested. Because not every patient presenting with symptoms will have pandemic influenza, infection control measures will be important in preventing further spread. During the peak of a pandemic, emergency departments and outpatient offices may be overwhelmed with patients seeking care. A "triage officer" may be useful for managing patient flow, including deferral of patients who do not require emergency care.

Hospitals have been educated to designate separate waiting areas for patients with influenza-like symptoms. If this is not feasible, the waiting area should be set up to enable patients with respiratory symptoms to sit as far away as possible (at least 3 feet) from other patients. Hospitals have also been advised to limit admission of patients to those with severe complications of pandemic influenza and who cannot be cared for outside the hospital setting, especially once a pandemic is underway. The decision to hospitalize a suspected pandemic influenza case will be based on the physician's clinical assessment of the patient as well as the availability of hospital beds and personnel.

Triage should be conducted to: 1) identify persons who might have pandemic influenza, 2) separate them from others to reduce the risk of disease transmission, and 3) identify the type of care they require (i.e., home care or hospitalization).

- High priority for admission
 - An unstable patient (difficulty breathing, unable to care for themselves, elderly, immune suppressed, seizing, unconscious, etc.)
 - Patients with high-risk conditions might also warrant special attention, such as observation or close follow-up, even if disease is mild (as described in Appendix 1 of Supplement 5 of the ADHS Pandemic Influenza Response Plan).

Emergency departments have protocols that have been well studied to determine how to triage patients. They will likely use the same protocols during a pandemic. The key will really be surge capacity for beds, ventilators, etc.

Plans to Distribute Medications to Individuals in Isolation

Once the ADHS Antiviral Distribution Plan is activated, antiviral drugs from public stockpiles will be distributed to pre-determined priority groups for diagnosed cases of influenza only. Mass vaccination strategies during a pandemic also rely on priority groups and can only be instituted as vaccine supplies are made available. Details of how medications will be distributed are detailed in the ADHS Antiviral Distribution Plan and in the ADHS Strategic National Stockpile Plan and Receipt, Store, and Stage Standard Operating Guidelines.

OPERATING SUB-OBJECTIVE B.3.2: PROVIDE CLEAR POLICIES AND PROCEDURES FOR ADVISING VOLUNTARY QUARANTINE OF HOUSEHOLD CONTACTS TO A KNOWN OR SUSPECTED CASE, INCLUDING PROCESSES TO MONITOR HOUSEHOLDS UNDER QUARANTINE

RESPOND

ADHS works closely with the County health departments and pandemic influenza coordinating committees to ensure that local community containment plans are in place and functional. The State has provided this plan as a template for strategic initiatives regarding the implementation of nonpharmaceutical interventions. Each local jurisdiction maintains an operational plan outlining specific procedures for locations under their authority.

Communications and Education to the General Public Regarding Voluntary Household Quarantine

Arizona State Government works collaboratively with Federal, Tribal, County and City entities. Formal coordination of media groups includes the Arizona PIO Task Force and Media Focus Groups. As a result of these groups, Arizona is prepared with a tangible robust suite of plans to effectively and efficiently respond to a wide variety of emergency situations, including pandemic influenza.

The Arizona PIO Task Force identifies ways to expedite information to the public while working to coordinate media functions with stakeholders statewide. Arizona launched a statewide campaign to inform people of what they need to do to be prepared for them; to be prepared for their families; and to be prepared for their communities. After recent public health emergencies (most notably the hurricanes in the Gulf of Mexico), Arizona recognized that the majority of the public is simply not prepared to handle emergencies that would require them to take action immediately.

"Just in case Arizona" is a statewide emergency preparedness campaign sponsored by the ADHS. It simplifies the preparedness message by breaking all emergencies down into one of two types; those for which you need to be prepared to stay (or shelter in place), and those for which you need to be prepared to go (or evacuate). A wealth of information, including check lists and family plans, is also available through AZ 2-1-1 Online at www.az211.gov. AZ 2-1-1 Online helps Arizonans find information about local emergencies and health and human services and is the official sources of timely information during natural or man-made emergencies such as pandemic influenza, wildfires, floods, utility outages, and evacuations. The public wants to be prepared, and this campaign will help them get there and keep their families safe.

A public health information line has been established and can be coordinated, scripted and activated by ADHS. The bi-lingual, 24/7 menu-driven information line can be accessed throughout Arizona [Metropolitan Phoenix (602) 364-4500 and statewide (800) 314-9243]. In addition, the Arizona Department of Health Services has the capabilities in-place to activate a public health emergency information call center (Metropolitan Phoenix (602) 364-0244 and statewide (866) 894-1594). This center would be activated and utilized to serve as the state's

official "hotline" for Arizona citizen to call with question about pandemic influenza and to screen ill persons and their need to seek medical attention. Staff operating the call center will be trained by the ADHS Bureau of Emergency Preparedness and Response exercise and training personnel.

In a pandemic event, ADHS has the lead in public information functions. Since numerous other agencies will potentially work in support of the ADHS public information function, a JIC may be established as required by the nature and scale of the event. The JIC will perform the following:

- Provide guidance and procedures for disseminating Emergency Public Information (EPI) in support of the state's response and recovery to an emergency/disaster.
- Provide for the effective collection, monitoring, management and dissemination of accurate, useful and timely information to media outlets during emergencies/disasters.
- Disseminate emergency instructions and protective actions to the public.
- Maintain procedures to disseminate public information and instructions for obtaining disaster assistance.
- Provide procedures to develop and disseminate public information regarding governmental response and recovery operations.
- Coordinate EPI to avoid panic, fear and confusion resulting from rumors and hearsay.
- Provide long-term public education efforts related to hazard awareness, family protection planning and emergency self-help.

Arizona State, Counties and Tribes have developed their own distribution materials and have produced local messages for public broadcast. Examples of these messages and distribution materials are referenced and supported by this appendix and can be provided upon request. Currently, some Arizona Counties have distributed pandemic influenza educational materials (brochures) to all households in their jurisdiction. Radio public service announcements have also been recorded and are ready for use. Subject matter includes snow days, hand washing, and cover-your-cough. Educational materials currently available to distribute include:

- Individual and Family How to be Prepared for a Flu Pandemic Handbooks & Pocket Guides
- Individual and Family Treating Seasonal or Pandemic Flu at Home Handbooks
- Healthcare Staff Preparing for Pandemic Flu Handbooks
- Schools –Stop the Germs & Illness Handbooks
- Schools Clean Hands are Healthy Handbooks
- Tip cards for first responders, clinics, home visitors and shelters regarding vulnerable populations
- Multiple brochures (in English and Spanish) for hand hygiene, avoiding the flu-6 things you can do, keeping clean at school, workplace preparation, what to do if you are sick, the difference between pandemic flu and seasonal flu, grief and recovering from loss
- Stickers for children reminding them to wash, cover cough, etc.
- Handbooks for communicating with patients during urgent care (English & Spanish)
- Emergency kits for families and students that have been distributed county-wide, including flow charts for emergency response
- Local public service announcements have been developed and recorded to promote the following information:

- o Educate the public to recognize the signs and symptoms of the flu
- o Encourage the public to voluntarily self-isolate or self-quarantine and for how long
- o Notify businesses that ill individuals should not go to work
- o Inform the public of hotline phone numbers and websites for pandemic influenza updates
- o Inform the public of where to obtain educational materials
- Announce the cancellation of large public gatherings (concerts, sporting events, etc.)

Identifying and Providing Information to Households Under Voluntary Quarantine

The risk communication methods listed above will be used to provide information to households under isolation-quarantine. Individuals and households will be encouraged to self register with their local health departments using the interview form described below. Arizona Revised Statutes (ARS) § 36-788(C) describes the role of the state and local health department for home isolation and/or quarantine. "The department, a County health department or a public health services district shall ensure, to the extent possible, that the premises in which a person is isolated or quarantined is maintained in a safe and hygienic manner and is designed to minimize the likelihood of further transmission of disease or other harm to a person subject to isolation or quarantine. Adequate food, clothing, medication and other necessities, competent medical care and means of communicating with those inside and outside these settings shall be made available."

During a declared state of emergency, ADHS will coordinate with the Arizona Division of Emergency Management (ADEM) and statewide volunteer agencies and organizations to provide services and resources to those isolated or quarantined at home or another location. Local health departments are encouraged to coordinate with local emergency management and community non-profit and volunteer agencies.

The Citizen Corps Council has partnered with the "Ready Campaign" and many of the County Health Volunteer Coordinators have partnered with CERT Programs in their counties to incorporate those citizen volunteers in their pandemic and mass care plans. Arizona now has eight Medical Reserve Corps Units; six of the eight were developed in partnership with their County health department to provide trained medical volunteers to assist in medical emergencies and disasters such as a pandemic. Additionally, Maricopa and Pima County schools have volunteered to serve as points of distribution (POD) for mass prophylaxis and have partnered with local CERT Programs to provide necessary volunteers to run their PODs. The State Citizen Corps Council has developed a Deployment Typing Matrix for Citizen Corps Programs; the typing matrix provides a qualification matrix for emergency managers to utilize when requesting deployable trained volunteers. Finally, all statewide Citizen Corps Councils are NIMS compliant and the courses are being offered as continuing education to all Citizen Corps Programs.

It has been communicated to Local County health departments their responsibility for developing and executing methods to identify confirmed cases, suspected cases, febrile contacts, household

contacts and these methods shall be detailed in the individual local County health department community containment plans. Methods shall include at a minimum:

- Interview forms with demographic characteristics of household members (both ill and contacts).
- A plan for routine monitoring of households including contacts.
- Educational materials for contacts (symptoms, reporting of new illnesses to local County health department or hotline, how to care for a sick person at home, infection control).
- A plan to coordinate subsistence (food, shelter, utilities) for households with inadequate resources while in quarantine.

Interview Form

ADHS has a data collection form for cases, but nothing that is specifically designed for quarantine purposes. For quarantined patients, the State will utilize an Agency for Toxic Substance and Disease Registry (ATSDR) form, which captures basic demographics and can have questions added to be tailored to the situation. There is already a database designed by CDC, where the State can enter all of the information quickly in order to do analysis and data management.

Working with Local Health Departments on Follow-Up Monitoring

The State has advised local County health departments to develop and execute methods and plans for routine monitoring of households under quarantine, including contacts.

Guidance to Local Health Departments to Work with Community Organizations

Local County health departments will have established interdisciplinary relationships with and between community leaders including not-for-profits, employers, and faith-based groups to assist workplace and community social distancing components and activities. This will include development and distribution of informational materials for the workplace and community and guidance to communicate to local employers on distancing persons at the worksite.

Process Used by Local Health Departments to Identify Vulnerable Populations

Through pre-event advertising and risk communication methods, vulnerable populations will be encouraged to register with local health and emergency departments. ADHS has recommended the use of the CDC Public Health Workbook to Define, Locate and Reach Special, Vulnerable and At-Risk Populations in an Emergency (located at http://www.bt.cdc.gov/workbook/)for County health departments to develop plans for risk communication support and outreach to vulnerable populations in their community.

All 15 Arizona County Public Health Departments are currently charged within the FY 2007-2008 scope of work to:

1. Identify community partners involved with special needs populations and develop a county/regional planning committee to address special needs populations in collaboration

- with public health partners including local emergency management and homeland security agencies.
- 2. Identify local/regional resources to meet special population needs.
- 3. Identify two or three high priority special needs populations based on local data and develop a pre-event, event and post-event communication plan and
- 4. Include components of special needs communication plans in at least one response exercise

As of April 2008, all Arizona Counties are involved in at least one working group to identify avenues with which to employ risk communication measures for special needs populations within their community. In Addition, 60% of Arizona County Public Health Departments have submitted draft risk communication plans for vulnerable populations in their communities to the Arizona Department of Health Services. For example, Greenlee and Graham Counties have worked with their Area Agency on Aging contacts and have provided hands-on workshops for the elderly in the community to develop their own personal preparedness plans.

As indicated previously, county public health departments are tasked with prioritizing at least three special populations within their communities with which to initiate planning: The following populations are not listed in the order of priority, but rather in order of those most frequently mentioned as being targeted among the 15 counties.

- Non-English speaking
- Disabled/Impaired Mobility
- Rural/Geographically Isolated/Homebound
- Elderly
- Sensory and Cognitive Impairment
- Children/Under 18
- Homeless

On March 6, 2008 the Arizona Department of Economic Security Division of Aging and Adult Services, held an all-day meeting with all of the State's Area Agencies on Aging that focused upon Emergency Preparedness. The Preparedness Planner from ADHS Bureau of Emergency Preparedness and Response attended and provided contact information of all 15 county Bioterrorism (BT) Coordinators as well as Just In Case – Arizona pamphlets. Components of a successful emergency response plan were discussed as were local initiatives of the public health departments in providing outreach to elderly populations. The Area Agencies on Aging were encouraged to work alongside their county emergency management as well as county public health in providing 24-hour emergency contact information for their non-governmental organization (NGO), identifying their client base and addressing their contractual obligations in providing emergency services such as evacuation transportation or support while sheltering in place

The State has advised local health departments to conduct outreach to community and faith-based organizations to develop plans that will be coordinated with those organizations for meeting the needs of vulnerable households who may be quarantined during a pandemic.

County public health workgroups currently developing risk communication plans and addressing other issues related to pandemic influenza in their community can also begin to develop plans to coordinate with service provider agencies to assist those who may be quarantined during an influenza pandemic.

The most current information regarding exercises planned in each Arizona County to test special populations risk communication plans and other related aspects are listed in the table below:

County	Exercise Scenario	Date Completed/Scheduled			
Apache	Winter storm emergency	1/29/2008			
Cochise	Base-X (mobile medical unit) Drill	TBD			
Coconino	Pandemic Influenza	8/25/2008			
Gila	Pandemic Influenza	7/28/2008			
Graham	Personal Preparedness Workshop for Elderly	2/15/2008			
Greenlee	Personal Preparedness Workshop for Elderly	2/15/2008			
La Paz	Special Needs Hotline	4/23/2008			
Maricopa	Actual Event – active TB Case at a High School				
Mohave	TBD	TBD			
Navajo	TBD	TBD			
Pima	Special Populations Tabletop exercise	4/28/08			
Pinal	TBD	TBD			
Santa Cruz	TBD	TBD			
Yavapai	Hazardous Materials	4/23/08			
Yuma	Actual Event-Power Outage	9/7/07			

Advising Local Health Departments to Conduct Outreach to Community Organizations for Coordination of Vulnerable Households

The 2005 ADHS Demographics and Effective Risk Communication Research Report, located at http://www.azdhs.gov/phs/edc/edrp/es/pdf/adhsspecialpopstudy.pdf,

provides a framework for the county public health departments to begin designing their own risk communication plans for their unique circumstances and residents within their community. At a state level, the Arizona Department of Health Services routinely sends out various Health Alerts

to its public health stakeholders and is also accustomed to addressing the health and medical needs of those considered to be at-risk for varying reasons. County public health departments also have the capability of sending out Health Alerts to their partners. Local planning involves interaction with NGOs who provide services to at-risk populations and sharing of contact information to utilize during a public health emergency.

Monitoring the Implementation and Effectiveness of Community Mitigation Interventions

Effectiveness of mitigation interventions will be modeled after the results of multiple exercises that have/will be performed in combination with epidemiological monitoring of populations to compare to national averages.

OPERATING SUB-OBJECTIVE B.3.3:DEVELOP CLEAR POLICIES AND PROCEDURES FOR ADVISING SOCIAL DISTANCING PRACTICES IN THE COMMUNITY AND AT THE WORKSITE

RESPOND

Specific Recommendations for Community Social Distancing

Table 1. Arizona Workplace/Community/Adult Social Distancing Strategy by Pandemic Severity

Workplace/Community: Adult Social Distancing	Pandemic Severity Index				
workplace/Community: Adult Social Distancing	1	2 & 3	4 & 5		
 decrease number of social contacts (e.g., encourage teleconferences, alternatives to face- to-face meetings) 	Generally not recommended	Consider	Recommend		
• increase distance between persons (e.g., reduce density in public transit, workplace)	Generally not recommended	Consider	Recommend		
 modify, postpone, or cancel selected public gatherings to promote social distance (e.g., postpone indoor stadium events, theater performances) 	Generally not recommended	Consider	Recommend		
 modify work place schedules and practices (e.g., tele-work, stagger shifts) 	Generally not recommended	Consider	Recommend		

Although not all Arizona counties have public transportation systems, those that do may consider the possibility of recommending the reduction of public transport services. However, such a measure would have severe consequences for those who depend upon the systems for commutes and other appointments.

Recommendations from the local County health departments might include the cancellation of recreational or optional mass gatherings to limit influenza transmission. Any income generating gatherings such as fairs, concerts and special events will be severely affected. However in more

rural areas, it is possible that some of these same venues may become sites for mass vaccination or mass prophylaxis and take precedence over previously scheduled events.

ADHS will notify the Arizona Department of Commerce (Commerce), the lead agency for Arizona for assisting employers within the State that social distancing interventions are in effect. The Arizona Department of Commerce Workforce Sustainment Section Chief, or their Deputy, will contact the fourteen (14) Local Workforce Investment Board (LWIB) directors/managers to inform them that this mitigation effort is in effect.

The Communications/Liaison Section Chief will develop a media message that informs both workers and employers of the value of using the Arizona 211 website and its link to the Arizona Workforce Connection for updates on services and assistance available. The Communications/Liaison Section Chief will also spearhead an aggressive media effort to inform employers, community and economic development partners via radio, television and published media of services and assistance offered to them by Commerce. Commerce will also partner with various community contacts to identify and provide experts who can simplify issues and provide interviews to media outlets statewide.

Recommendations to Local Health Departments to Conduct Outreach to Community Partners to Promote Social Distancing

Local County health departments have been encouraged to establish interdisciplinary relationships with and between community leaders including not-for-profits, employers, and faith-based groups to assist workplace and community social distancing components and activities. This includes development and distribution of informational materials for the workplace and community and guidance to communicate to local employers on distancing persons at the worksite.

Arizona State, Counties and Tribes have developed their own distribution materials and have produced local messages for public broadcast. Examples of these messages and distribution materials can be provided upon request. Currently, some Arizona Counties have distributed pandemic influenza educational materials (brochures) to all households in their jurisdiction. Radio public service announcements have also been recorded and are ready for use. Subject matter includes snow days, hand washing, and cover-your-cough. Educational materials currently available to distribute include:

- Individual and Family How to be Prepared for a Flu Pandemic Handbooks & Pocket Guides
- Individual and Family Treating Seasonal or Pandemic Flu at Home Handbooks
- Healthcare Staff Preparing for Pandemic Flu Handbooks
- Schools –Stop the Germs & Illness Handbooks
- Schools Clean Hands are Healthy Handbooks
- Tip cards for first responders, clinics, home visitors and shelters regarding vulnerable populations
- Multiple brochures (in English and Spanish) for hand hygiene, avoiding the flu-6 things you can do, keeping clean at school, workplace preparation, what to do if you are sick, the difference between pandemic flu and seasonal flu, grief and recovering from loss

- Stickers for children reminding them to wash, cover cough, etc.
- Handbooks for communicating with patients during urgent care (English & Spanish) Emergency kits for families and students that have been distributed county-wide, including flow charts for emergency response
 - Local public service announcements have been developed and recorded to promote the following information:
 - o Educate the public to recognize the signs and symptoms of the flu
 - o Encourage the public to voluntarily self-isolate or self-quarantine and for how long
 - o Notify businesses that ill individuals should not go to work
 - o Inform the public of hotline phone numbers and websites for pandemic influenza updates
 - o Inform the public of where to obtain educational materials
 - Announce the cancellation of large public gatherings (concerts, sporting events, etc.)

Distributing Informational Materials to Workplaces and the Community Regarding Social Distancing

ADHS has developed the Flu Education Toolkit for The Workplace (located at http://www.azdhs.gov/flu/flu_toolkit_workplace.htm). Employers have a unique opportunity to educate a large number of people about preventing the flu. These tips (brochures, flyers, posters, etc.) can assist in keeping the workplace "flu-free" and hopefully reduce the number of employee sick days. These materials are designed especially for the workplace and include general public education materials for posting at the workplace. Most of the informational materials are also provided in Spanish. (see above).

Guidance to Local Health Departments to Share with Businesses and Organizations for Canceling Large Public Gatherings

ADHS has provided local health departments access to the Flu Education Toolkit for Local Health Departments (located at http://www.azdhs.gov/flu/flu_toolkit_localhealthdept.htm). As public health professionals, they have been made aware of how important it is to prevent and control the spread of the flu. The materials in this Toolkit are comprised of the information for all target groups: healthcare, schools and the workplace. These materials are available in a variety of formats and most are in Spanish. (see above).

Processes to Help Businesses Encourage Ill Employees to Stay Home and Identify Ill Individuals in the Workplace

ADHS will script local public service announcements to be used to promote the following information:

- Educate the public to recognize the signs and symptoms of the flu
- Encourage the public to voluntarily self-isolate or self-quarantine and for how long
- Notify businesses that ill individuals should not go to work
- Inform the public of hotline phone numbers and websites for pandemic influenza updates

- Inform the public of where to obtain educational materials
- Announce the cancellation of large public gatherings (concerts, sporting events, etc.)

Processes to Help Businesses Adjust Leave Policies to Facilitate Sick Employees to Stay Home

The Arizona Department of Administration (ADOA) Human Resources Division is a support function to all State agencies. They provide assistance to all state agencies during a pandemic that will allow continuity of operations from a human resources perspective by informing agencies and employees about existing personnel rules and policies and how these rules and policies come into play during a pandemic. Additionally, the Human Resources Division is prepared to delegate authority when needed and researching additional policies that will mitigate the human resources constraints realized during a pandemic influenza. Personnel rules and polices are being reviewed and possibly modified to provide the ADOA Director authority to implement temporary procedures to afford greater flexibility during a declared state of emergency. Private businesses are encouraged to use these policies as a model for their own planning. See Appendix A.1, Sustain Operations of State Agencies and Support and Protect Government Workers, for more information.

Process for Monitoring the Secondary and Tertiary Effects of Community Mitigation Interventions

Effectiveness of mitigation interventions will be modeled after the results of multiple exercises that have/will be performed in combination with epidemiological monitoring of populations to compare to national averages.

OPERATING SUB-OBJECTIVE B.3.4:IMPLEMENT STEPS FOR CESSATION OF COMMUNITY MITIGATION INTERVENTIONS

RECOVER

Cessation of Community Mitigation Activities

Cessation of activities will occur when the CDC declares that Arizona is in the "Deceleration" Interval – Deceleration of the Pandemic Wave. During this interval, if it is evident that the rates of pandemic infection are declining, Arizona will begin planning for appropriate suspension of community mitigation activities and recovery. Arizona health officials may choose to rescind community mitigation intervention measures in selected regions within their jurisdiction, as appropriate.

When Arizona has <10% of specimens from patients with influenza-like illness submitted to the state public health laboratory that are positive for the pandemic strain for at least two consecutive weeks, or, the healthcare system capacity is below surge capacity, then the state will:

- Continue/initiate actions as outlined in the Peak/Established Transmission
- Assess, plan for, and implement targeted cessation of community mitigation measures if appropriate
- Transition surveillance from syndromic to case-based monitoring and confirmation

- Initiate targeted cessation of surge capacity strategies
- Maintain aggressive infection control measures in the community

State Spokesperson to Communicate Ceasing Community Mitigation Interventions

The State Spokespersons for providing community mitigation intervention messages to local health departments and the public media are:

- Michael Murphy, Arizona Department of Health Services Public Information Officer (PIO) Director
- Teresa Ehnert, Arizona Department of Health Services Interim Chief for the Bureau of Emergency Preparedness and Response,
- Dr. Laura Nelson, Acting Deputy Director for the Division of Behavioral Health Services.

Approved ADHS Spokespersons

Aside from the Public Information Office, the Incident Commander, the ADHS Director or their surrogate may authorize supplemental spokespersons during a pandemic. The following is a list of approved spokespersons within ADHS:

- Director
- Deputy Director
- Communications Director
- Assistant Director, Public Health
- Public Information Officer, Public Health
- Deputy Assistant Director, Public Health
- State Epidemiologist
- Chief Medical Officer
- Chief, Bureau of Epidemiology and Disease Control
- Infectious Disease Specialist

Recovery/Reopening Guidance to Businesses, Workplaces, and Large Venues

Ideally, recommendations are to discontinue the most aggressive or disruptive measures first, e.g., widespread community quarantine, snow days, mass transit interruptions, etc. The following will be notified by ADHS that the pandemic threat is over:

- General Counsel
- Legislative Liaisons
- Tribal Liaisons
- Local Health Liaisons
- Border Health Liaisons
- Governor's Press Secretary
- ADEM Public Affairs Director
- Arizona Office of Homeland Security
- Arizona Department of Commerce Director
- County Health Department Directors
- PIOs

Notification that the pandemic is receding will then be made to the public and the media by the State spokesperson, ADHS PIO Director, indicating that voluntary isolation, quarantine, adult and child social distancing are no longer necessary. Accurate information on status of the event and State-wide readiness will be maintained on AZ 2-1-1.

Monitoring the Effects of the Cessation of Community Mitigation Interventions

Effectiveness of mitigation interventions will be modeled after the results of multiple exercises that have/will be performed, in combination with epidemiological monitoring of populations to compare to national averages.

Testing and Exercising Community Mitigation Interventions

State of Arizona 2007 School Closure Tabletop Exercise

In June 2007, ADHS designed and implemented the State of Arizona 2007 School Closure Tabletop exercise. The exercise was held in three locations statewide on June 18, 20, and 22, 2007. This exercise gave participating agencies an opportunity to evaluate current plans and capabilities for coordinating a regional school closing response as part of community containment for pandemic influenza in Arizona. The schools were asked to evaluate their plans for the use of non-pharmaceutical community mitigation interventions to help limit the spread of pandemic influenza, prevent disease and death, lessen the impact on the economy, and maintain a functioning society.

Some major lessons learned from this exercise include:

- Current school plans are not adequate to address some school closure issues.
- There are gaps in education regarding the State's role in school closure during a pandemic.
- Payment of educators and other financial decisions need to be made during a school closure.
- The feasibility of web-based education needs to be evaluated to continue school curriculum during school closure.
- Decisions regarding the nutritional needs of the school lunch program recipients need to be included in planning.

Corrective actions taken:

ADHS and the Arizona Department of Education (ADE) have entered into an Intergovernmental Service Agreement (ISA) to

- Plan for and execute programs that would ensure a process for continuity of education.
- Develop a recommended protocol for K-12 schools
- Plan for and execute programs that would ensure a process for the continuity of nutrition assistance

ADE is currently convening the Arizona School Emergency Response Plan Advisory Council to assist in developing guidance for schools on student dismissal for mitigation purposes during an influenza pandemic. This council will also explore other issues such as discussing ADE's statewide coordination role during a pandemic influenza event. This will involve careful coordination with the Arizona Division of Emergency Management (ADEM) to ensure ADE's state presence at the SEOC is appropriate.

ASU Decision Theatre Exercise

Arizona State University conducted a public health infectious disease emergency Tabletop Exercise called the ASU Pandemic Influenza Tabletop Exercise 2008 on April 10, 2008. The Tabletop Exercise was designed to assess:

- The adequacy of existing ASU emergency response plans and capabilities during challenges posed by a simulated pandemic influenza event at ASU
- How the University will coordinate its response with state and local public health agencies and emergency response officials.

Major areas for discussion involved the policies and procedures for maintaining academic continuity, maintenance of essential campus functions; risk communication; student evacuation, human resources and supplies; and isolation and quarantine of sick students.

The three-part exercise scenario focused on an outbreak of H6N1 avian influenza on the ASU campus during the fall semester and was designed to engage the Emergency Operations Center (EOC) on campus, as well as Incident Command Center and the President's Emergency Policy Group. Throughout the exercise, participants interacted with a facilitated simulation and decision support model. This model simulated possible disease outcomes based on different rates of disease transmission, virulence, timing of University evacuation decisions and social distancing interventions. After the completion of the exercise, participants were allowed time to provide feedback through a hot wash and a written participant evaluation form.

The exercise design team determined the following objectives for the Tabletop Exercise:

- Identify and discuss criteria which will lead to the activation of campus emergency operations management.
- Determine strengths and weaknesses in functionality of the incident management structure, coordination and integration of response resources, and communication systems for responding to pandemic influenza at Arizona State University.
- Identify coordination, collaboration and communication strategies needed between ASU and external agencies that will have to interact with the University during a pandemic (local hospitals, Maricopa County Department of Public Health, Arizona Department of Health Services, Tempe Police, Tempe Fire) for an effective emergency preparedness response.
- Assess university policies and risk communication strategies for conveying critical information to students, staff, faculty, parents and stakeholders during a large-scale pandemic influenza event.
- Evaluate selected operational aspects of responding to pandemic influenza at Arizona State University including surge capacity, triage of ill students, management of students living in residence halls, canceling of classes, and maintenance of essential services.

• Identify problems that could arise in executing social distancing measures, including procedural, logistical, ethical, and/or enforcement issues.

The major strengths identified during this exercise are as follows:

- Participants' demonstrated working knowledge of current plans, policies and procedures
- Participants effectively identified gaps in resources, plans, and communications and procedures that require revising
- Participants recognized limitations of mass care surge capacity, triage, quarantine and isolation activities

Throughout the exercise, several opportunities for improvement were identified. The primary areas for improvement, including recommendations, are as follows:

- The University should continue to revise the incident command system which will allow effective, efficient and rapid decision making processes
- Issues regarding licensing need to be resolved before the alternate care sites (temporary clinics) are integrated into pandemic response plans

Appendix B.4 Enhance State Plans to Enable Community Mitigation through Student Dismissal and School Closure

Introduction to School Closure during a Pandemic Influenza Event

Implementing public health interventions such as making recommendations to school governing boards to close or partially closing schools are options that may be considered during an influenza pandemic. The three major goals of mitigating a community-wide epidemic through public health interventions including temporarily closing schools are to: 1) delay the exponential increase in incident cases and shift the epidemic curve to the right in order to "buy time" for production and distribution of a well-matched pandemic strain vaccine; 2) decrease the epidemic peak; and 3) reduce the total number of incident cases and, thus reduce morbidity and mortality in the community.

These three major goals of epidemic mitigation may all be accomplished by focusing on the single goal of reducing transmission. Interventions including temporary school closure may help reduce influenza transmission by reducing contact between sick persons and uninfected persons, thereby reducing the number of infected persons. Reducing the number of persons infected will also lessen the need for healthcare services and minimize the impact of a pandemic on the economy and society. The surge of need for medical care associated with a poorly mitigated severe pandemic can be only partially addressed by increasing capacity within hospitals and other care settings. Thus, reshaping the demand for healthcare services is an important component of the overall strategy for mitigating a severe pandemic.

Justification for Social Distancing at Schools

One measure for decreasing transmission of an influenza virus is by increasing the distances among people in work, community, and school settings. Schools and pre-schools represent the most socially dense of these environments. Social density is greatest in pre-school classrooms, with a density of approximately 35-50 square feet per child. Elementary school and high school classroom density ranges from 49 to 64 square feet per person. There is more space per person in other work settings, for example, office buildings have an average occupational density of 390-470 square feet per person. Homes represent the least socially dense environment (median occupancy density of more than 700 square feet per person in single-family homes).

Biological, social, and maturational factors make children especially important in the transmission of influenza. Children without pre-existing immunity to circulated influenza viruses are more susceptible than adults to infection and, compared with adults, are responsible for more secondary transmission within households. Compared with adults, children usually shed more influenza virus, and they shed virus for a longer period. They also are not skilled in handling their secretions, and are in close proximity with many other children for most of the day at school. Schools, in particular, serve as amplification points of seasonal community influenza epidemics, and children are thought to play a significant role in introducing and transmitting influenza virus within their households.

Therefore, given the disproportionate contribution of children to disease transmission and epidemic amplification, targeting their social networks both within and outside of schools would be expected to disproportionately disrupt influenza spread. Given that children and teens are together at school for a significant portion of the day, dismissal of students from school could effectively disrupt a significant proportion of influenza transmission within these age groups.

Using Pandemic Severity in Decision-making

Appropriate matching of the intensity of intervention to the severity of a pandemic is important to maximize the available public health benefit that may result from using an early, targeted, and layered strategy while minimizing unnecessary secondary effects. Examining the severity of the pandemic virus and adjusting temporary school closure recommendations using pandemic severity can help decision makers to recommend school closure when necessary, but avoid closures when they are unnecessary.

To assist pre-pandemic planning, the Arizona Department of Health Services (ADHS) will use the Centers for Disease Control's (CDC's) Pandemic Severity Index to assist in decision-making. Pandemic severity is described within five discrete categories listed Category 1 to Category 5-with a Category 5 pandemic being the most severe, comparable to the 1918 influenza pandemic. By contrast, the pandemics of 1959 and 1968 would have been Category 1 or 2 pandemics.

For Category 4 or Category 5 pandemics, the ADHS will consider recommending that school districts dismiss students from schools and school-based activities and closure of childcare programs, and make attempts to reduce out-of-school social contacts and community mixing of these children. It is less likely that the Department would recommend dismissal for Category 3 or lower pandemics.

Additionally, Districts will need to consider Arizona Revised Statute (ARS) §15-341-36, which requires Boards to "Provide written notice to the parents or guardians of all students affected in the school district at least thirty days prior to a public meeting to discuss closing a school within the school district."

Requirements for success of these interventions include consistent implementation among all schools in a region being affected, community and parental commitment to keeping children from congregating out of school, alternative options for the education and social interaction of the children, clear legal authorities for decisions to dismiss students from classes and identification of the decision-makers, and support for parents and adolescents who need to stay home from work.

In summary, implementing public health interventions such as making recommendations to school governing boards to close or partially closing schools are options that may be considered during an influenza pandemic. Appropriate matching of the intensity of intervention using the Pandemic Severity Index will be used to maximize the available public health benefit that may result from using an early, targeted, and layered strategy while minimizing unnecessary secondary effects.

For Category 4 or Category 5 pandemics, the ADHS will consider recommending that school districts dismiss of students from schools and school-based activities and closure of childcare programs, and make attempts to reduce out-of-school social contacts and community mixing of these children. It is less likely that the Department would recommend dismissal for Category 3 or lower pandemics. Individual governing boards would then be responsible for determining whether or not to implement the school closure or dismissal recommendations in accordance with ARS §15-341.

OPERATING SUB-OBJECTIVE B.4.1:REVIEW LEGAL AUTHORITIES AND DELEGATIONS OF AUTHORITY FOR CLOSING SCHOOLS AND/OR DISMISSING STUDENTS

PREPARE

Legal Authority to Close Schools Prior to and During a Declaration of a State of Emergency

The decision to recommend school closure in order to limit transmission of a pandemic influenza will be coordinated with the local and county health departments and the school district governing board. Individual governing boards would then be responsible for determining whether or not to implement the school closure or dismissal recommendations in accordance with ARS §15-341.

 $\underline{\text{http://www.azleg.gov/FormatDocument.asp?inDoc=/ars/15/00341.htm\&Title=15\&DocType=A}\\ \underline{RS}$

District governing boards that elect to implement school closures will need to work with the State Board of Education, which exercises "...general supervision over and regulate the conduct of the public school system and adopt any rules and policies it deems necessary to accomplish this purpose." ARS §15-203:

 $\underline{http://www.azleg.gov/FormatDocument.asp?inDoc=/ars/15/00203.htm\&Title=15\&DocType=ARS}$

Additionally, Districts will need to consider ARS §15-341-36, which requires Boards to "Provide written notice to the parents or guardians of all students affected in the school district at least thirty days prior to a public meeting to discuss closing a school within the school district."

Requirements for success of these interventions include consistent implementation among all schools in a region being affected, community and parental commitment to keeping children from congregating out of school, alternative options for the education and social interaction of the children, clear legal authorities for decisions to dismiss students from classes and identification of the decision-makers, and support for parents and adolescents who need to stay home from work.

Legal Authority to Dismiss Students from State-Funded Post-Secondary Schools (PSSs)

Arizona law vests jurisdiction and control of the State's universities in the Arizona Board of Regents (ABOR). This is reflected in:

- Arizona Constitution, Article 11, section 2 (Conduct and Supervision of School System)
- Arizona Constitution, Article 11, section 5 (Regents of University and Other Governing Boards; Appointments by Governor; Membership of Governor on Board of Regents)
- ARS §15-1625(A) (General Powers of Board as Body Corporate)
- ARS §15-1626(A)(1) (General Administrative Powers and Duties of Board)

ABOR's authority includes "the powers necessary for the effective governance and administration of the institutions under its control" and to "delegate in writing to its committees, to its university presidents, or their designees, or to other entities under its control, any part of its authority for the administration and governance of such institutions...".

In accordance with ARS §15-1626(A)(1), ABOR has delegated significant control of the universities to the respective presidents of each of the universities under its jurisdiction. For example, in accordance with its delegation authority, ABOR has delegated the following authority to the President of Arizona State University (ASU):

The president of the university [i.e., ASU] is the chief executive officer of the university. The president shall be responsible for the execution of measures enacted by the Board of Regents regarding the administration of the university...The president shall also be the official representative of the university to the Board of Regents.

The president also makes such reports and recommendations to the board as are appropriate for the operation and improvement of the university...

The president exercises control over the grounds, buildings, and other property of the university.

According to the ASU Pandemic Influenza Response Plan, the decision to suspend normal operations at ASU, as well as the University of Arizona and Northern Arizona University, will ultimately be made by the university presidents and the Arizona Board of Regents after advice and input from the directors of the campus health services (acting as incident commanders) and state and county public health officials. The ASU Pandemic Influenza Response Plan has identified a list of factors to consider such as:

- The declared World Health Organization (WHO) pandemic phase level.
- The presence of reported cases within the local area.
- The increase in velocity of illness.
- The virulence of the viral strain (as measured by the pandemic severity index).
- Closure of K-12 school systems and others.

If the decision is made to suspend normal operations (which would be a limited closure) at any one of the three state universities, it is possible that all three would do so concurrently.

Legal Authority to Close Day Care Centers

A county health department (or a public health services district) may, in a public health emergency (declared or undeclared), order that schools, child care facilities, movie theaters and

other public places be closed under the authority of A.R.S. § 36-624, and *Globe School Dist. #1 of Globe, Gila County v. Board of Health of City of Globe, 20* Ariz. 208, 179 P. 55 (Sup. Ct. 1919). Additionally, in a declared public health emergency under ARS § 36-781 *et seq.*, the Governor and ADHS would have the authority to order child care facilities closed.

OPERATING SUB-OBJECTIVE B.4.2: DEVELOP AND/OR ENHANCE PLANNING AND COORDINATION EFFORTS FOR SCHOOL CLOSURE/STUDENT DISMISSAL AND REOPENING

PREPARE

Process for Coordinating Response Efforts for the State Educational Agency (SEA)

If a state of emergency were declared, the Governor will contact the Arizona Department of Education (ADE), Superintendent of Public Instruction, Tom Horne. Superintendent Horne's second line of authority is Margaret Garcia-Dugan, Deputy Superintendent of Public Instruction.

Although Superintendent Horne will be included as part of the policy group at the State Emergency Operations Center (SEOC) as one of the main decision-makers on closing schools, actual response coordination may be administered by other ADE personnel familiar with state and local emergency preparedness and response activities.

ADE is currently convening the Arizona School Emergency Response Plan Advisory Council to assist in developing guidance for schools on student dismissal for mitigation purposes during an influenza pandemic. This council will also explore other issues such as discussing ADE's statewide coordination role during a pandemic influenza event. This will involve careful coordination with the Arizona Division of Emergency Management (ADEM) to ensure ADE's state presence at the SEOC is appropriate.

Position within the Governing Entity for Post-Secondary Schools (PSS) on State-Level Pandemic Planning Team

The executive director of the ABOR will assist in coordinating emergency response decisions for the three state universities. The executive director of ABOR will maintain close contact with the university presidents regarding authorization to suspend normal activities, cancel public events, send non-essential staff home, and recall essential personnel.

Representative to Arizona's Pandemic Influenza Coordinating Team for State Educational Agency

The lead position at ADE for the pandemic influenza coordinating team is the Director of School Safety and Prevention.

Partners Involved in Planning the Educational Response to a Pandemic

Because the responsibility for school emergency preparedness and response lies with school district and charter governing boards, an Arizona School Emergency Response Plan Advisory Council is being formed to further develop guidance for school and provide additional input in state planning. The council will consist of the following personnel:

- District and charter administrators with responsibility for emergency response plan development representing urban and rural locations
- District and charter business managers representing urban and rural locations
- ADHS representative
- ADE representative
- ADEM representative
- Representatives from other agencies as the agenda warrants

School Disease Surveillance Systems

The two largest counties (Maricopa and Pima, accounting for approximately 80% of the state population) have implemented sentinel school surveillance for influenza-like illness (ILI) as part of their routine surveillance. ADHS has begun implementing a weekly electronic reporting system for ILI in approximately 335 schools throughout the state and additional schools are being recruited to participate. All but four county public health departments currently have schools participating in this surveillance system. County public health departments will monitor these data for unusual activity.

OPERATING SUB-OBJECTIVE B.4.3: DEVELOP AND/OR ENHANCE
COMMUNICATIONS PLANNING FOR SCHOOL CLOSURE, STUDENT DISMISSAL,
AND REOPENING

PREPARE

Communicating with Local Education Agencies (LEAs)

ADE and other emergency response partners will communicate with local school districts in a variety of ways. Local school districts are partnering with local health departments within their respective jurisdictions. Local health departments closely coordinate emergency response activities with their local emergency management agencies and respective local emergency operations centers. Local response efforts are then coordinated on a statewide basis through the SEOC.

ADE will also communicate with the local school districts through the Arizona 2-1-1 (AZ 2-1-1) system. Arizona 2-1-1 is a one-stop shop for unfolding emergency information. All agencies responding send information via email or fax to Arizona 2-1-1 where it is compiled into one emergency bulletin. Within that emergency bulletin, readers can click hyperlinks to read explanations regarding protective measures, view maps of shelter locations or donation sites, view incident photos or read more about response agencies.

Redundant Communications with LEAs

Redundant communications are maintained by ADEM's two-way redundant communications capabilities. See Appendix B.9, *Ensure Communication Capability During Each Phase of a Pandemic*, for more information on ADEM's communications systems.

State-Level Education Spokesperson for Media Relations and Communicating with LEAs

The ADE public information officer will be the state-level education spokesperson for media relations. The ADE Public Information Officer (PIO) is Amy Rezzonico, Press Secretary, and her back up is Doug Nick, Associate Superintendent for Federal Relations.

Position Designated to Communicate with PSSs

The executive director of ABOR will assist in coordinating emergency response decisions for the three state universities. The executive director of ABOR will maintain close contact with the university presidents regarding authorization to suspend normal activities, cancel public events, send non-essential staff home, and recall essential personnel.

Position Designated to Communicate with Day Care Centers

The ADHS Division of Licensing Services Office of Child Care Licensing regulates and monitors licensed child care facilities, public school child care programs and certified child care group homes statewide. The program manager or his or her designee (as identified by the ADHS Business Continuity Plan) will integrate into the agency's health emergency operations center (HEOC) and will coordinate activities and communicate information to the day care centers throughout the state.

OPERATING SUB-OBJECTIVE B.4.4: ESTABLISH EXPECTATIONS AND PROCEDURES FOR PROVIDING CONTINUITY OF EDUCATION FOR STUDENTS

PREPARE

State Educational Agency's (SEA) Expectation for Continuity of Education

ADHS and ADE have entered into an Intergovernmental Service Agreement (ISA) to plan for and execute programs that would ensure a process for continuity of education. ADE will develop a web-based, eight-week curriculum for students in kindergarten and each grade through grade 12 for the purpose of continuing learning during school closure. Curriculum will focus on the critical content areas of Language, Arts, and Mathematics with the infusion of Social Studies and Science. Curriculum will include enrichment materials and alternative approaches for concepts in which students demonstrate the most difficulty mastering. Curriculum will also be developed using materials that are readily available in most homes. For example, dry beans or macaroni will be utilized as manipulatives in mathematics. Upon completion of this project, information on the resource will be disseminated to all public schools and districts. Regional workshop will also be conducted in order to train school personnel on use of this resource.

Primary Responsibility for Development and/or Delivery of Educational Content

Arizona school districts within both the urban and rural areas have wide ranges in enrollment, from 10 to over 100,000 school-aged children, and therefore have varying degrees of capacity. Although ADE will be developing and disseminating the web-based program to local school districts, several school districts may already have its own web-based curriculum. Therefore, the curriculum that ADE develops will assist those communities that do not yet have a system in place and will provide a platform on which to do so.

Existing Technological Resources for Continuing Education

The ADE is in process of researching existing web sites that are appropriate to utilize for continuing the education of students during prolong school closure. One resource already identified is the National Council of Teachers of Mathematics web site. This site contains a library of 103 online activities that are appropriate for the classroom or home. The appropriate resources identified will be cataloged and made available to educators and parents.

Addressing the Needs of Special Education Students or Students with Special Needs

The ADE-sponsored web-based curriculum will be developed to accommodate special education students. The curriculum will provide for differentiation within activities, that is, different methods of teaching the same concept in order to reach different learners. ADE will provide instructions on how the curriculum could be used to adjust to students with special needs during the regional workshops.

OPERATING SUB-OBJECTIVE B.4.5: ESTABLISH POLICIES AND PROCEDURES FOR USE OF SCHOOL FACILITIES AND RESOURCES DURING A PANDEMIC

PREPARE

Policies and/or Guidance about Alternative Uses of K-12 School Facilities or Resources

Under Arizona law, individual school districts either own the facilities or hold the lease. According to ARS §15-1105, the governing board, or the superintendent or chief administrative officer with the approval of the governing board, may permit the uncompensated use of school buildings, grounds, buses, equipment and other school property by any school related group, including student political organizations or by any organization whose membership is open to the public and whose activities promote the educational function of the school district as determined in good faith by the school district's governing board, or the superintendent or chief administrative officer with the approval of the governing board, including extended day resource programs, except as provided in section 15-511.

Local health departments have worked closely with individual districts and schools within their jurisdictions on utilizing these facilities for public health emergency response activities. Local health departments have both formal (through intergovernmental service agreements (IGAs),

memoranda of understanding (MOUs)) and informal agreements with these entities. Activities covered in these agreements include:

- General provisions on the use of facilities
- School district legal authority to enter into agreements for use of facilities
- Purpose of the use of facilities (vaccination sites, dispensing medications, etc.)
- Emergency contact information
- Use of school equipment and supplies
- Biohazardous and hazardous materials waste removal
- Site security
- Repairs and cleaning/sanitizing facilities
- Fees, if applicable
- Indemnification clauses
- Insurance provisions

Use of State-Funded PSS Property or Assets

Resource sharing from state agency to state agency is accomplished through an ISA outlined in ARS §35-148:

Interagency service agreements entered into between budget units may provide for reimbursement for services performed or advancement of funds for services to be performed. In either instance, monies received by the budget unit performing the services shall be credited to its appropriation account for its use in performing the services. If funds are advanced, the agency performing the services shall make an accounting of expenditures and return any advances not used to the appropriation account of the advancing agency.

As described by ARS §11-952, for resource sharing between a state agency and a political subdivision, an Intergovernmental Agreement is necessary:

If authorized by their legislative or other governing bodies, two or more public agencies or public procurement units by direct contract or agreement may contract for services or jointly exercise any powers common to the contracting parties and may enter into agreements with one another for joint or cooperative action or may form a separate legal entity, including a nonprofit corporation, to contract for or perform some or all of the services specified in the contract or agreement or exercise those powers jointly held by the contracting parties.

OPERATING SUB-OBJECTIVE B.4.6: ENSURE THAT CONTINUITY OF OPERATIONS AND BUSINESS CONTINUITY PLANS INCLUDE CONSIDERATIONS FOR PANDEMIC FOR THE STATE EDUCATIONAL AGENCY

PREPARE

Reference to Appendix A.1 Regarding the State Educational Agency's (SEA) COOP or BCP

The Arizona Department of Education is included in Phase I for the Arizona Department of Administration (ADOA) statewide business continuity planning (BCP) planning. Please see A.1, Sustain *Operations of State Agencies and Support and Protect Government Workers* for more detail on statewide BCP planning efforts.

State Responsibility for Paying Staff and Faculty at State-Funded PSSs

ASU has had discussions regarding staff and faculty pay continuance, but specific policies in regards to pandemic influenza have not been finalized. In the absence of an official policy, the university would rely on existing pay and leave without pay policies.

OPERATING SUB-OBJECTIVE B.4.7: IMPLEMENTING POLICIES AND PROCEDURES FOR CLOSING SCHOOLS AND/OR DISMISSING STUDENTS

RESPOND

Steps for Closing Schools and/or Dismissing Students

ADE has shared several planning tools with the local school districts including the Arizona School Emergency Response Plan Template, Arizona School Emergency Response Plan minimum requirements (including National Incident Management System (NIMS) compliance), and CDC checklist/guidance on school closure.

The Arizona School Emergency Response Plan Template provided to all Arizona school districts was written by both ADE and ADEM. The template was intended as a guide to help schools develop and strengthen an effective Emergency Response plan in cooperation with local emergency response agencies. Each school using the template must conduct a review with their safety committee and determine any adjustments that must be made to fit the needs of their school. Each site must ensure that all components of the plan conform to school district policies and local, state and federal law. The template includes incident-based checklists including how to respond to a pandemic influenza event. This pandemic influenza-specific guidance discusses, by pandemic phase, how the school and school district should response to a pandemic influenza event.

ADHS and ADE have entered into an ISA to develop a recommended protocol for K-12 schools. In addition to other critical school closure planning elements, this protocol will address the following:

• Overall coordinated, effective response to a pandemic

- School closure as a mitigation strategy
- Planning tools for continuity of education service
- Planning tools for continuity of social services
- Planning tools for other business operations
- Recommendations for continuing the administration of the National School Lunch Program
- Step-by step policies and procedures for the potential to close schools based upon the percentage of students absent (prior to, during, and following the outbreak)
- Step-by-step policies and procedures for reopening schools and reconvening students
- Sample parent letters
- Sample media materials including press releases and talking points for school officials
- School response decision flow chart

Critical areas of pandemic preparedness will be identified and incorporated in to the Minimum Standards for School Emergency Response Plans (ARS §15-341.A.34) and template for school emergency response plans. Three regional workshops for school personnel will be provided upon completion of the protocol. Also, protocol will be disseminated to all public schools and districts and posted on the ADE website.

Process for Closing Day Care Centers

After the state of emergency is declared, the ADHS Division of Licensing Services Office of Child Care Licensing will ensure the child care centers are informed via blast fax, e-mail, phone, and public information alert(s). The Office of Child Care Licensing will ensure that there would be 24-hour phone access, for technical assistance, regarding the state of emergency. The Office of Childcare Licensing will maintain contact with the Public Health Division in order to help answer incoming questions regarding the influenza pandemic event. The program manager or his or her designee (as identified by the ADHS BCP) will integrate into the agency's HEOC and will coordinate activities and communicate information to the day care centers throughout the state.

Process for Closing State PSSs

According to the ASU Pandemic Influenza Response Plan, the decision to suspend normal operations at ASU, as well as the University of Arizona and Northern Arizona University, will ultimately be made by the university presidents and the Arizona Board of Regents after advice and input from the directors of the campus health services (acting as incident commanders) and state and county public health officials. The ASU Pandemic Influenza Response Plan has identified a list of factors to consider such as:

- The declared WHO pandemic phase level.
- The presence of reported cases within the local area.
- The increase in velocity of illness.
- The virulence of the viral strain (as measured by the pandemic severity index).
- Closure of K-12 school systems and others.

If the decision is made to suspend normal operations (which would be a limited closure) at any one of the three state universities, it is possible that all three would do so concurrently.

Closure or suspending normal operations will allow state universities to:

- Send students home to an environment less risky than the crowded conditions prevalent on a university campus.
- Allow students to travel home while public transportation is still available.
- Reduce the rates of morbidity and mortality among students, staff, and faculty.
- Avoid a situation of providing food, housing and medical care to thousands of students remaining on campus, most likely leading to resources being overwhelmed.

Working with Health Officials to Coordinate Closures in Regions of the State that Border Other States

ADHS will assist in facilitating discussions between other border states' public health officials when policy decisions arise regarding closing schools that border other states. These discussions will include executive team members from ADE, local school district authorities that are affected, and those local health officers that border other states. These actions will be crucial in the event Arizona and other states have different community mitigation intervention triggers that prompt school closure. Steps for closure will include:

- An assessment of those students who reside in other states but are schooled in the neighboring states
- Ensuring state-to-state epidemiological data are shared
- Effective and timely communication with parents of students who are schooled in other states
- Ensuring those students can access available distance learning programs, if applicable
- Ensuring those students can access state-assisted nutrition assistance, if applicable
- Communication with parents when schools re-open

OPERATING SUB-OBJECTIVE B.4.8: IMPLEMENT POLICIES AND PROCEDURES FOR CONTINUING EDUCATION DURING PROLONGED SCHOOL CLOSURE/STUDENT DISMISSAL

RESPOND

Steps for Activating Continuity of Education Plans

As stated earlier, ADHS and ADE have entered into an ISA to plan for and execute programs that would ensure a process for continuity of education. ADE will develop a web-based, eightweek curriculum for students in kindergarten and each grade through grade 12 for the purpose of continuing learning during school closure. Curriculum will focus on the critical content areas of Language, Arts, and Mathematics with the infusion of Social Studies and Science. Curriculum will include enrichment materials and alternative approaches for concepts in which students demonstrate that most difficulty mastering. Upon completion of this project, information on the resource will be disseminated to all public schools and districts. Regional workshop will also be conducted in order to train school personnel on use of this resource.

Arizona school districts within both the urban and rural areas have wide ranges in enrollment, from 10 to over 100,000 school-aged children, and therefore have varying degrees of capacity. Although ADE will be developing and disseminating the web-based program to local school districts, several school districts may already have its own web-based curriculum. Therefore, the curriculum that ADE develops will assist those communities that do not yet have a system in place and will provide a platform on which to do so.

When completed, the Arizona Pandemic Influenza School Closure Policy will identify how each local school district may access the web-based curriculum, including instructions on how to tailor the curriculum to special needs students.

State Assisting Delivering Educational Content to Students Across the Age Spectrum

K-12

The web curriculum to be developed by ADE is for Kindergarten level and each of grades 1 through 12.

PSSs

The ASU Pandemic Influenza Response Plan explains that each academic department and faculty will develop contingency plans for the completion of courses if classes must be cancelled for a period of time. Contingency plans may include alternative delivery of classes, such as online courses and other at-a-distance instruction methods.

State Assisting in Providing Nutrition Assistance to Children under USDA's School and Child Care Feeding Programs

ADHS and ADE have entered into an ISA to plan for and execute programs that would ensure a process for the continuity of nutrition assistance. ADE will develop a recommended protocol (contained within the over-arching Arizona Pandemic Influenza School Closure Policy) for the continuation of lunch service during school closure for the purpose of providing meals to students eligible for benefits under the federal Child Nutrition Programs. The protocol will include:

- Menus for brown-bag lunches
- Schedules for staggered parent pick up of meals
- Food safety requirements
- Guidance on meal reimbursement including use of commodity foods

Three regional workshops for school food service directions will be provided upon completion of the protocol. The protocol will be disseminated to all public schools and districts and posted on the ADE web site

OPERATING SUB-OBJECTIVE B.4.9: CLEARLY COMMUNICATE POLICIES AND PROCEDURES ABOUT SCHOOL CLOSURES/DISMISSAL OF STUDENTS AND OTHER IMPORTANT INFORMATION

RESPOND

State Educational Agency (SEA) Providing On-Going Communications about Key Health and Education-Related Information

ADHS and local health departments are responsible for disseminating key public health related information. ADE and other emergency response partners will communicate with local school districts in a variety of ways. Local school districts are partnering with local health departments within their respective jurisdictions. Local health departments closely coordinate emergency response activities with their local emergency management agencies and respective local emergency operations centers. Local response efforts are then coordinated on a statewide basis through the SEOC.

ADE will communicate key public health information through email, faxes, and phone and through the traditional media outlets. ADE will also communicate with the local school districts through the AZ 2-1-1 system. Arizona 2-1-1 is a one-stop shop for unfolding emergency information. All agencies responding send information via email or fax to Arizona 2-1-1 where it is compiled into one emergency bulletin. Within that emergency bulletin, readers can click hyperlinks to read explanations regarding protective measures, view maps of shelter locations or donation sites, view incident photos or read more about response agencies.

The ADE PIO will coordinate public health - and education-related materials with other emergency response partner PIOs, including the ADHS spokesperson(s). These messages will then be coordinated through the ADEM Joint Information Center (JIC). When an incident occurs and multiple agencies respond, there is a need for a coordinated message to reach the public. Public Information Officers talking to each other regarding their agency's response are working in a Joint Information System. When the incident is complex or the media demand warrants it, a JIC is established for public information officers to work in one location, coordinate messaging, and speak with a unified voice. The JIC near the SEOC is a dedicated facility, ready to activate immediately. Any agency that has a response during any phase of the incident (prepare, respond, recover, mitigate) is encouraged to participate in the JIC. The JIC conducts regular briefings, both internally and with the media based on the scope of the event, type of incident, duration, protective actions required and media interest. When needed, the JIC will coordinate town halls or public meetings to facilitate the communication between response agencies and impacted citizens.

Key Positions and Lines of Authority for Public Health Messaging

Aside from the PIO, the Incident Commander, the ADHS Director or his or her designee may authorize alternate spokespersons during a pandemic. The approved spokesperson positions within ADHS are:

Director

- Deputy Director
- Communications Director
- Assistant Director, Public Health
- Public Information Officer, Public Health
- Deputy Assistant Director, Public Health
- State Epidemiologist
- Chief Medical Officer
- Chief, Bureau of Emergency Preparedness and Response
- Infectious Disease Specialist

Key Positions and Lines of Authority for Education-Related Messaging

The ADE public information officer will be the state-level education spokesperson for media relations. The ADE PIO is Amy Rezzonico, Press Secretary, and her back up is Doug Nick, Associate Superintendent for Federal Relations.

Coordinating Messages with Other State Agencies

The ADE PIO will coordinate public health - and education-related materials with other emergency response partner PIOs, including the ADHS spokesperson(s). These messages will then be coordinated through the ADEM JIC. When an incident occurs and multiple agencies respond, there is a need for a coordinated message to reach the public. Public Information Officers talking to each other regarding their agency's response are working in a Joint Information System. When the incident is complex or the media demand warrants it, a JIC is established for public information officers to work in one location, coordinate messaging, and speak with a unified voice. The JIC near the SEOC is a dedicated facility, ready to activate immediately. Any agency that has a response during any phase of the incident (prepare, respond, recover, mitigate) is encouraged to participate in the Joint Information Center. The JIC conducts regular briefings, both internally and with the media based on the scope of the event, type of incident, duration, protective actions required and media interest. When needed, the JIC will coordinate town halls or public meetings to facilitate the communication between response agencies and impacted citizens.

Local Educational Agencies (LEA) and PSS Reporting to SEA on Closures

ADE is currently convening the Arizona School Emergency Response Plan Advisory Council to assist in developing guidance for schools on student dismissal for mitigation purposes during an influenza pandemic. This council will also explore other issues such as discussing ADE's statewide coordination role during a pandemic influenza event. This will involve careful coordination with ADEM to ensure ADE's state presence at the SEOC is appropriate. If ADE's presence at the SEOC becomes a recommendation from the council, an ADE representative will have a seat at the SEOC and will be expected to coordinate school closure issues from the local level.

OPERATING SUB-OBJECTIVE B.4.10: PROTECT STATE ASSETS (SCHOOL FACILITIES AND RESOURCES) DURING A PANDEMIC

RESPOND

Protecting State-Owned Assets Related to Schools or PSSs

Under Arizona law, individual school districts either own the facilities or hold the lease. There are no state-owned assets for public K-12 education. Therefore, MOUs or IGAs between local public health departments and local school districts include provisions to protect school district property and resources. See *Operating Sub-Objective B.4.5: Establish Policies And Procedures For Use Of School Facilities And Resources During A Pandemic* above for a list of provisions in county-to-school district IGAs.

The ASU Pandemic Influenza Response plan provides for the protection of university buildings and assets in the event university operations are suspended. Although buildings and other facilities may be shut down, the plan allows for essential personnel (security officers, Campus Police, etc.) to continue to secure these locations.

Protecting State-Owned Educational Facilities for Alternate Uses

Under Arizona law, individual school districts either own the facilities or hold the lease. There are no state-owned assets for public K-12 education. Therefore, MOUs or IGAs between local public health departments and local school districts include provisions to protect school district property and resources. See *Operating Sub-Objective B.4.5: Establish Policies And Procedures For Use Of School Facilities And Resources During A Pandemic* above for a list of provisions in county-to-school district IGAs.

OPERATING SUB-OBJECTIVE B.4.11: IMPLEMENT STEPS TO REOPEN SCHOOLS AND RECONVENE STUDENTS

RECOVER

State Educational Agency's (SEA) Steps to Reopen Schools and Reconvene Students

Steps to reopen schools and reconvene students will be addressed in the final Arizona Pandemic Influenza School Closure Policy. (See B.4.7: Implementing Policies and Procedures for Closing Schools and/or Dismissing Students).

Facilitating Reopening and Reconvening Day Care Centers

Once the order has been issued by ADHS to allow a Day Care Center(s) to reopen, the day care centers will be notified via phone calls, e-mails, or public information alerts.

Facilitating Reopening and Reconvening PSSs

The ASU Pandemic Influenza Response Plan does not currently address specific steps for reopening the university. However, these issues will be addressed in the next iteration of the university's plan. The decision to re-open the school will be made by the university president and ABOR.

OPERATING SUB-OBJECTIVE B.4.12: COMMUNICATE POLICIES FOR REOPENING SCHOOLS/RECONVENING STUDENTS

RECOVER

Communication Plan for Reopening Schools and Reconvening Students

The communication plan for reopening schools will be similar to the communication plan for school closure. As stated earlier, this will be accomplished by the use of AZ 2-1-1, local health department and local school district collaboration/communication, email/fax/phone communication between ADE and local school districts, and public messaging through ADEM's Joint Information Center. Once completed, the Arizona Pandemic Influenza School Closure Policy will also address re-opening schools. The policy also includes a sample parent letter for school re-opening. Example language states:

Dear Parents,

County health officials have declared the pandemic flu is under control. Our school will open again on ______. At this time, students may safely return to class.

Even though school is opening, there are still some people who are sick from the flu virus. Health officials say that pandemic flu outbreaks sometimes happen in waves. This means more people could become sick soon again. If more people get sick, schools may need to close again. We will continue to give you any important information.

Because the flu can still be spread from person-to-person, please keep children who are sick at home. Don't send them to school.

We are looking forward to seeing your children again.

State Spokesperson to Provide Messages during Recovery

The ADE public information officer will be the state-level education spokesperson for media relations. The ADE PIO is Amy Rezzonico, Press Secretary, and her back up is Doug Nick, Associate Superintendent for Federal Relations.

OPERATING SUB-OBJECTIVE B.4.13: RESTORE THE LEARNING ENVIRONMENT

RECOVER

Assessing Student's Levels with Respect to State Academic Standards

All students in all grade levels must take the Arizona Instrument to Measure Standards (AIMS). The content areas that are tested in AIMS are the basis for the web-based curriculum being developed as a strategy to continue the education of students during prolonged school closure.

Supporting Local Educational Agencies (LEAs) in Screening and Referring Students for Mental Health Services

In Arizona, there is no requirement to have mental health professionals or health services professionals within the K-12 public education system. The ADE recognizes the need to assist school personnel in recognizing and referring students for mental health assistance. As such, the ADE has applied for a grant through the U.S. Department of Education for Integration of Schools and Mental Health Systems. If awarded this limited, competitive grant, resources will be available to conduct the following activities:

- Development of a screening tool for mental health and substance use appropriate for use by non-behavioral health school personnel;
- Development of a protocol for school personnel for utilization of the screening tool and referral of students to the mental health provider when indicated;
- Training for the above; and
- Presentation of community forums for parents and other community members for the purpose of explaining mental health services and potential signs of need in children and youth.

Additional Mental Health Staffing or Funding for Services to Students and Staff

With a state declared emergency, ADHS/Division of Behavioral Health Services (DBHS) responds to the needs of the public with existing resources as guided by ARS §35-173 and §36-502. With a presidential declaration, ADHS and ADEM will apply for and attain federal grants to fund immediate crisis counseling needs of the population suffering from the emergency or disaster as well as grants to fund ongoing behavioral health and substance abuse service needs during the response and recovery phases. The Immediate Services Crisis Counseling Program (ISP) Grants covers program and provider costs for personnel time, space, supplies, travel, media, training and consultants for sixty days. This program can be applied for after a federal Stafford Act declaration for individual assistance has been made. ADHS/DBHS will prepare the ISP application and the program is administered through the state's Regional Behavioral Health Authorities (RBHAs).

ADEM is the Governor's Authorized Representative for Stafford Act disaster declarations and must sign the application, financial documentation and final closeout report. Also, ADEM is responsible for transferring grant funding to ADHS and complying with the requirements of the

federal Cash Management Improvement Act and financial guidelines and requirements of the Immediate Services Crisis Counseling Program.

Assessing Students with Special Needs and Individualized Education Plans (IEPs)

IEPs are written with consideration for the need for Extended School Year (ESY) services, as per 34 CFR Part 300.106. ESY services are short-term basic services provided during a lapse in school time, such as summer vacation. The purpose of the services is to keep a student moving forward with skill acquisition. A student has a need for ESY when the student shows "regression of skills without recoupment" of these skills within a short period of time. ESY is also needed when a student is at a critical learning stage and continuation of the education plan is necessary at that point in time. Services provided could include basic in-home occupational therapy, speech and language therapy, or other.

Upon the re-convening of schools after closure for pandemic, the Exceptional Student Services Division of the ADE will notify district special education directors of their responsibility to assess the status of students with IEPs and will provide assistance to those requesting it through their Support Cadre. The ESY option would be put in place for students who qualify.

Remediation of State-Owned School Facilities Used for Alternate Uses

Under Arizona law, individual school districts either own the facilities or hold the lease. There are no state-owned assets for public K-12 education. Therefore, MOUs or IGAs between local public health departments and local school districts include provisions to protect school district property and resources. See *Operating Sub-Objective B.4.5: Establish Policies and Procedures for Use of School Facilities and Resources During a Pandemic* above for a list of provisions in county-to-school district IGAs.

Testing and Exercising School Closure Plans

State of Arizona 2007 School Closure Tabletop Exercise

In June 2007, ADHS designed and implemented the State of Arizona 2007 School Closure Tabletop exercise. The exercise was held in three locations statewide on June 18, 20, and 22, 2007. This exercise gave participating agencies an opportunity to evaluate current plans and capabilities for coordinating a regional school closing response as part of community containment for pandemic influenza in Arizona. The schools were asked to evaluate their plans for the use of non-pharmaceutical community mitigation interventions to help limit the spread of pandemic influenza, prevent disease and death, lessen the impact on the economy, and maintain a functioning society.

Some major lessons learned from this exercise include:

- Current school plans are not adequate to address some school closure issues.
- There are gaps in education regarding the State's role in school closure during a pandemic.

- Payment of educators and other financial decisions need to be made during a school closure.
- The feasibility of web-based education needs to be evaluated to continue school curriculum during school closure.
- Decisions regarding the nutritional needs of the school lunch program recipients need to be included in planning.

Corrective actions taken:

As stated earlier, ADHS and ADE have entered into an Intergovernmental Service Agreement (ISA) to

- Plan for and execute programs that would ensure a process for continuity of education.
- Develop a recommended protocol for K-12 schools
- Plan for and execute programs that would ensure a process for the continuity of nutrition assistance.

ADE is currently convening the Arizona School Emergency Response Plan Advisory Council to assist in developing guidance for schools on student dismissal for mitigation purposes during an influenza pandemic. This council will also explore other issues such as discussing ADE's statewide coordination role during a pandemic influenza event. This will involve careful coordination with the Arizona Division of Emergency Management (ADEM) to ensure ADE's state presence at the SEOC is appropriate.

ASU Decision Theatre Exercise

Arizona State University conducted a public health infectious disease emergency Tabletop Exercise—"ASU Pandemic Influenza Tabletop Exercise 2008"—on April 10, 2008. The Tabletop Exercise was designed to assess:

- The adequacy of existing ASU emergency response plans and capabilities during challenges posed by a simulated pandemic influenza event at ASU
- How the University will coordinate its response with state and local public health agencies and emergency response officials.

Major areas for discussion involved the policies and procedures for maintaining academic continuity, maintenance of essential campus functions; risk communication; student evacuation, human resources and supplies; and isolation and quarantine of sick students.

The three-part exercise scenario focused on an outbreak of H6N1 avian influenza on the ASU campus during the fall semester and was designed to engage the Emergency Operations Center (EOC) on campus, as well as Incident Command Center and the President's Emergency Policy Group. Throughout the exercise, participants interacted with a facilitated simulation and decision support model. This model simulated possible disease outcomes based on different rates of disease transmission, virulence, timing of University evacuation decisions and social distancing interventions. After the completion of the exercise, participants were allowed time to provide feedback through a hot wash and a written participant evaluation form.

The exercise design team determined the following objectives for the Tabletop Exercise:

• Identify and discuss criteria which will lead to the activation of campus emergency operations management.

- Determine strengths and weaknesses in functionality of the incident management structure, coordination and integration of response resources, and communication systems for responding to pandemic influenza at Arizona State University.
- Identify coordination, collaboration and communication strategies needed between ASU
 and external agencies that will have to interact with the University during a pandemic
 (local hospitals, Maricopa County Department of Public Health, Arizona Department of
 Health Services, Tempe Police, Tempe Fire) for an effective emergency preparedness
 response.
- Assess university policies and risk communication strategies for conveying critical information to students, staff, faculty, parents and stakeholders during a large-scale pandemic influenza event.
- Evaluate selected operational aspects of responding to pandemic influenza at Arizona State University including surge capacity, triage of ill students, management of students living in residence halls, canceling of classes, and maintenance of essential services.
- Identify problems that could arise in executing social distancing measures, including procedural, logistical, ethical, and/or enforcement issues.

The major strengths identified during this exercise are as follows:

- Participants' demonstrated working knowledge of current plans, policies and procedures
- Participants effectively identified gaps in resources, plans, and communications and procedures that require revising
- Participants recognized limitations of mass care surge capacity, triage, quarantine and isolation activities

Throughout the exercise, several opportunities for improvement were identified. The primary areas for improvement, including recommendations, are as follows:

- The University should continue to revise the incident command system which will allow effective, efficient and rapid decision making processes
- Issues regarding licensing need to be resolved before the alternate care sites (temporary clinics) are integrated into pandemic response plans

Overall, the ASU Pandemic Influenza Tabletop Exercise 2008 was successful. The exercise incorporated ASU emergency response plans, processes and procedures; forced participants to apply current knowledge; and identified gaps and limitations to current plans.

Appendix B.5 Acquire and Distribute Medical Countermeasures during Each Phase of a Pandemic

This appendix addresses emergency operations to support the acquisition and distribution of medical countermeasures from the state of Arizona to the local public health and healthcare emergency response partners. The information provided in this appendix references three plans:

- Arizona Department of Health Services (ADHS) Operational Plan and Procedures for Receiving and Distributing the Strategic National Stockpile (SNS), March 2007, Version 4.21
- ADHS Antiviral Medication Distribution Plan, March 2007, Version 1.0 (The ADHS Antiviral Medication Distribution Plan is a subset of the ADHS SNS plan and includes planning elements outlined in the Arizona Pandemic Influenza Response Plan dated June 2006.)
- Arizona Pandemic Influenza Response Plan dated June 2006

Planning elements required by this appendix are addressed with general language and include an additional reference to the page number in the referenced plan for full explanation and detail.

The Centers for Disease Control (CDC) maintains a pre-pandemic plan for providing medical materiel prior to a formal declaration. The plan has identified several trigger mechanisms for the forward deployment of pharmaceuticals in support of pre-pandemic public health response initiatives. The CDC will lean forward and ship (without a gubernatorial declaration) pre-planned amounts of vaccines and/or antiviral medications following the activation of any of these triggers:

- An overseas category 5 declaration made by the World Health Organization (WHO)
- A category 4 declaration made by the CDC inside the United States
- A localized cluster indicative of a pandemic influenza outbreak

Each state has been pre-allocated specific amounts of pharmaceutical medications outside the normal allocation within the SNS deployment structure. This appendix, therefore, addresses planning and response elements for the pandemic phase of the pandemic influenza event. It is likely, however, that many, if not most, of the planning elements of the SNS program will be implemented with any pre-pandemic deployment.

The ADHS SNS Operational Plan and the ADHS Antiviral Medication Distribution Plan contain specific operational components that are sensitive in nature. Knowledge of the information contained in these plans could seriously compromise the integrity of the SNS security operations. To this end, these plans have been designated by the Arizona Counter Terrorism Information Center (ACTIC), the Arizona Department of Public Safety (AZDPS), and the U.S. Marshall's Office as Law Enforcement Sensitive. The information is classified and not available to the public even under official request for disclosure through the Freedom of Information Act (FOIA). For details regarding security operations and other law enforcement-sensitive information, please contact the Arizona State SNS Coordinator or AZDPS/ACTIC Public Health Liaison.

OPERATING SUB-OBJECTIVE B.5.1: RECEIVE AND STORE ANTIVIRAL DRUGS, PERSONAL PROTECTIVE EQUIPMENT AND MEDICAL SUPPLIES FROM SNS

PREPARE

Receipt/Store/Stage (RSS) Facility Location Has Been Selected

The State maintains Memorandums of Understanding (MOUs) with three facilities large enough to support statewide SNS/RSS response operations. The state also is in the process of approving five additional geographically-dispersed, smaller facilities assessed for use in supporting regionalized response efforts. Each of the first three has undergone Hazard Vulnerability Assessments (HVA) conducted by the Arizona Counter Terrorism Information Center (ACTIC) and is currently engaged in planning efforts.

RSS Memorandum of Agreement in Place

ADHS has secured MOUs for all three main RSS warehouse locations in addition to the five smaller regional sites. The ADHS Procurement office maintains official copies of all MOUs with RSS warehouse locations. Official copies are also maintained by the State's SNS Coordinator for each of the three main sites and for each of the five smaller regional sites. Also, one of the RSS facilities is under contract with the state as a daily contractor for logistical and trucking activities.

RSS Management Team and Back-Up Personnel Identified

The state maintains a separate priority list of state personnel who are designated as first tier SNS/RSS management for command and control of any facility used in support of SNS/RSS activities. Also, each of the three main SNS/RSS designated warehouse facilities have their own management staff who have been trained in SNS tactics and personnel staff who are professional trucking and logistics personnel. At the time of activation, not only the ADHS management team would be tasked but also the facility personnel. At anytime, any of the management and personnel components can be used as support/replacement/backfill at any other facility because of cross training for functionality. The information is considered operationally sensitive and is not subject to FOIA.

General information regarding the RSS management team and back-up personnel is addressed in the ADHS SNS Plan, Version 4.21 on pages 22, 78 (Appendix N), and 160.

RSS Management Team and Back-Up Personnel Job Action Sheets

RSS management team and back-up personnel job action sheets have been created and are located in appendix "O" in the Arizona SNS Plan, Version 4.21, pages 90 through 143.

RSS Staff/Volunteers and Back-Up Personnel Identified

The personnel identified for each site and for the state's own management team are listed in operational documents managed by the state's SNS Coordinator. These documents are excluded from FOIA due to their sensitive nature.

General information regarding the RSS staff/volunteers and back-up personnel is addressed in the ADHS SNS Plan, Version 4.21 on page 141.

Call-Down Rosters for 24/7 Operations for all RSS Managers and Staff/Volunteers

Call-down rosters are maintained by the State SNS Coordinator. Call-down rosters exist for each RSS Warehouse staff and volunteers and one roster specific to statewide RSS management. Call-down rosters are maintained for the following categories to assist in the statewide SNS response:

- Local Hospitals
- Nursing Homes/Long-Term Care Facilities
- Detention Centers (Corrections)
- Homeless Shelters
- Phoenix Metropolitan Statistical Area (MSA) Cities Readiness Initiate (CRI) Points of Dispensing (PODs)
- First Responders
- Public Health Preparedness Partners (State and Local)
- Maricopa County Public Health Emergency Management Staff
- Physicians and Nurses
- Public Health Roster from Katrina Response
- Pharmacists
- Sanitarians
- Physicians Assistants
- SNS Back-Up Warehouse Staff
- Assisted Living Facilities
- Behavioral Health Facilities
- Child Care Centers

Testing using the ADHS Secure Integrated Response Electronic Notification (SIREN) system and the Arizona Division of Emergency Management's (ADEM) Communicator occurs every Monday and Thursday (respectively) to personnel who are part of the alerting/notification system. The alerting is provided through two different vendors from two different systems to maintain redundancy and protection of the critical alerting infrastructure.

Job Action Sheets and Just-in-Time Training Materials for RSS Functions

Just-in-time training for RSS functions is designed to provide "refresher" information for employees who are already warehousing professionals at the tasks they perform on a daily basis. This decision to use professionals was made to:

- Limit the time needed to train
- Maintain limited liability toward personnel working outside of their job class
- Reduce the time supporting operations would require for people to develop a working rhythm since professionals already have that ability

Just-in-time training materials are maintained on SIREN and include training on the following RSS Warehouse operations:

- Overall RSS Warehouse Training
- 10 Minute Skills Training
- Care and Feeding Operations
- Badging
- Safety (using the National Institute for Occupational Safety and Health (NIOSH) and the Occupational and Safety Health Administration (OSHA) guidelines)
 - o Fire safety
 - o Pallet stacking and handling
 - o Safe work practices
 - o Safe equipment use

Job action sheets have been created and are located in appendix "O" in the Arizona SNS Plan, Version 4.21, pages 90 through 143.

Inventory of Material Handling Equipment

The CDC provides a facility checklist template for use in evaluating the appropriateness of facilities and materials to meet the needs of SNS/RSS operations. The checklist, included needed material handling equipment specific to each RSS warehouse site, is part of the Standard Operating Guidelines (SOG) book designed for each facility and is also approved by an assigned CDC SNS field consultant.

Equipment support lists are located in Appendix T, Suggested RSS Site Equipment Support List on page 152 of the ADHS SNS plan.

Inventory of Office Equipment

Each facility maintains, and shares on request, its own property management list of office equipment and data/phone lines and equipment. This information is also included in the facility checklist. In addition, the state maintains its own inventory of office equipment (photo copiers, faxes, printers, laptop computers, etc.) which can be relocated anywhere in Arizona to support SNS/RSS operations.

Equipment support lists are located in Appendix T, Suggested RSS Site Equipment Support List on page 152 of the ADHS SNS plan.

Primary and Back-Up Inventory Management System (IMS)

Arizona maintains a robust and resilient logistics management system for tracking critical medical assets and materiel. Through partnering with professional logistical companies committed to supporting the state's SNS operations, Arizona has been able to identify its supply chain management system (SAP-400) as its primary IMS system and RITS (the CDC's RSS inventory tracking system) as a backup electronic system. Both primary and secondary state RSS facility companies use SAP-400 so cross training of RSS personnel in IMS is not needed. Also in place are excel spreadsheets which provide a tertiary layer of redundancy (paper-based forms which mirror the IMS process in RITS). Each group of items in the inventory would be entered in a separate spreadsheet (e.g., Red: Oral Antibiotics are found in one spreadsheet) to increase the speed at which orders could be processed by allowing multiple computers operators to process orders.

The RITS system is built on a (dot)-NET framework to provide event-effected scalability and reliability. It provides the ability to track the logistical components of asset management in deployment and recovery.

IMS Staff Identified

IMS staff information is included in the listing of personnel at each of the SNS/RSS sites' site books and provides additional direction for IMS functions. The state has chosen to enlist the services of warehousing professionals who have all logistics skills and logistics management assets for support of SNS/RSS operations. Along with this is a group of individuals with the state management team who will be trained in the newer web-based software, RITS. Discussions are underway with the Arizona State Land Department who has Incident Management Teams available to be assigned by the State's SNS Coordinator to manage all aspects of logistics management and movement.

Each RSS Warehouse maintains an IMS system in place that is used by existing warehouse staff in their daily business operations. RITS will by used by the ADHS RSS Management Team as a redundant command and control structure in the event the IMS used by other RSS partners fails. Each RSS partner maintains a group or section of Inventory Management personnel fully trained on software which is used on a daily basis. Information from CDC regarding materiel to be received can easily be imported into the software.

OPERATING SUB-OBJECTIVE B.5.2: ALLOCATE AND DISTRIBUTE DRUGS WITHIN THE STATE

RESPOND

Allocation Methodology

The basic planning assumptions for allocation and distribution provides for requested materiel to meet the needs of federally-identified resident census population as a starting point for response

efforts. Additional expanded estimates would be initiated at the local level to provide appropriate resources to any additional population base.

As identified in the approved ADHS Pandemic Influenza Response Plan, in the pandemic alert periods, ADHS will establish a Vaccine and Antiviral Prioritization Policy Committee (VAPPC) composed of:

- Representative(s) from the Governor's office
- State Epidemiologist
- State physician(s)
- ADHS influenza epidemiologist
- Office of Infectious Disease Services office chief
- ADHS administrator(s)
- Arizona Immunization Program Office (AIPO) representative
- Arizona Local Health Officers Association representative
- Arizona Medical Association representative
- Hospital Association representative
- Arizona Emergency Medical Service representative
- Arizona Pharmacy Alliance representative
- Long-term care representative

The VAPPC will define how these priority groups will apply on a local level, and will define who should be included in the groups of public safety workers, essential service providers, and key governmental decision makers. During an influenza pandemic, the VAPPC will modify these priority groups as needed based on the availability of antiviral medicines and vaccine, the characteristics of the causative virus (e.g., drug susceptibilities, initial geographic distribution, fatality rate, age-specific morbidity and mortality rates) and the effectiveness of implemented strategies. The VAPPC is identified in Appendix #6 and #7 in the Arizona Pandemic Influenza Response Plan.

Antiviral distribution, tracking, and monitoring are also discussed in the ADHS Antiviral Medication Distribution Plan, March 2007, Version 1.0 on page 33.

The following table lists the source, use, and ordering of government-funded antivirals for Arizona:

Element	ADHS Cache	Strategic National Stockpile
Funding Amount	\$1 million	No cost to state
Funding Source	Carry forward PHEP Funds	Federal Funds
Method of Purchase	Federal Contract	N/A
Available Number of Courses	90,000 total	Approx. 3.3 million
Location of Cache	ADHS State Hospital	SNS Storage, CDCMoved to State (WHO

		Phase 4) • Central Location
Recommended Use	Approved to treat symptomatic patients at hospitals and healthcare facilities	Treatment of illness only
Restrictions for Use	 Limited to treat ill patients Must be in state control Must have a state declaration 	 Used only after other assets are exhausted Only available to treat ill patients Stock cannot be rotated
Allocation	Used to treat symptomatic patients at hospital and healthcare facilities	Based on need and population
Target Population	Outbreak Control for identified cases and household/social contacts of identified cases	Persons diagnosed as having pandemic influenza, who are identified within 48 hours of symptom onset
Procurement Procedures	 Currently at Arizona State Hospital Request through appropriate ADHS ICS channels 	 Shipped based on availability, local supply, and target populations needs from central RSS Request through proper ICS channels Request must include the requesting facility and amount per location

Agreed Upon Recipient Locations

The County/Tribal jurisdictions are responsible for pre-identifying the potential County/Tribal RSS distribution and dispensing sites and treatment centers. The number of locations will vary with the scale of an event, type of attack (contagious, non-contagious threat), and location of an attack (plume dispersions, commuting patterns). In absence of other methods for supporting people who cannot go to community dispensing sites for their medication (institutionalized seniors, the homebound, prison inmates), the number may also include facilities such as assisted living, prisons, and the offices of home healthcare providers.

Each local health department is tasked with the identification, development and management of both fixed and temporary recipient sites. Recipient location information and planning are collected/conducted by the local county public health planner and then used to compare census information against resources to provide medical intervention within designated thresholds of time. Local health department plans are available and shared through ADHS SIREN. Each county must maintain at least one primary and one auxiliary RSS location and maintain plans to support POD and non-traditional treatment center support operations.

Although not required by CDC, ADHS has begun conducting ongoing field Technical Assessment Review of each local health department RSS and POD location to evaluate 13 critical planning and preparedness components as identified by the CDC. This formalized process began in 2007 following a statewide education and training program in 2006. To date,

75% of the state's local jurisdictions have been assessed to identify a baseline measurement in preparedness, gaps in planning, and corrective actions. Each of these planning elements has a weighted score to identify the level of preparedness and functionality in SNS operations and to provide specific measurable metrics as they relate to capacity in public health response. Part of the assessment includes a visual evaluation of county level RSS warehouse facilities to measure their capacity to receive state-allocated SNS assets.

Local health department RSS and POD location information are considered law enforcement sensitive and are only available by contacting the Arizona State SNS Coordinator or AZDPS/ACTIC Public Health Liaison.

Plan to Train Recipient Locations

As part of the deliverables identified in each of the granting periods, local health departments are responsible for providing on-going training and support to traditional and non-traditional recipient locations to support distribution activities. Copies of the training programs are posted on SIREN.

ADHS also provides training on a regular basis including tabletops, functional drills, CDC training, and full-scale exercises for statewide SNS operations. In 2006, ADHS sponsored a CDC-DSNS training in Arizona for POD management, POD planning, and RSS Warehousing.

Recipient Locations Requesting Additional Supplies

Template forms have been created and will be included in Appendix "T" of the state SNS plan (page 150). Currently these templates have been provided directly to the counties for their inclusion in county SNS planning and plan documents.

Distribution Manager and Back-Up

A distribution manager and back-up have been identified in operational documents for the state's management team as well as in each of the SNS/RSS facility SOG manuals.

More information regarding the distribution manager and back-up can be found in the ADHS SNS plan on pages 89 and 199.

Procedures for Monitoring Chain-of-Custody

As directed by the Drug Enforcement Agency (DEA) Transfer Agent, the adoption of DEA form #222 is the standard instrument by which the state and its political subdivision monitor, track, and validate chain of custody transfer. An example DEA form #222 for chain of custody is located in Appendix G of the ADHS SNS plan on page 63.

Distribution Plan

The ADHS SNS plan (and other supporting documents) maintains a comprehensive distribution plan. The Arizona Department of Transportation (ADOT) provides communication and direction for roadway routing in support of distribution activities. Communications by the AZDPS Officers is maintained in secure pathways for managing drivers and vehicles. Delivery locations and routing are coordinated through both agencies. ADHS will use CDC's Tour Solver® as a redundant, pre-event system. Tour Solver® is a transport and logistics application that is utilized to provide "best conditions" real-time planning and routing information. Tour Solver® is provided by CDC to all states and project areas. This application is a web-based version route optimization and includes training materials, user documentation, Excel templates, support contact information, and scheduling sessions. The software is currently in use by more than 100 various levels of public health jurisdictions across the nation and is tested daily by hundreds of the nation's trucking and transportation companies.

Delivery Locations and Routes

Delivery locations and routes have been planned from the state RSS warehouse regional distribution nodes and/or points of dispensing. Pre-identified delivery locations for each local jurisdiction have been identified. Tour Solver® is used by local health department planning groups or regional distribution node to the local POD and high density push sites. Data are stored locally within Arizona SNS Program and are considered law enforcement-sensitive.

Load Planning

Load planning consists of identifying materiel to be shipped, determining the appropriate packaging configurations, and determining its placement or loading into trucks. Tour Solver® will assist in load planning and expedite off-loading at the delivery point (single or multiple location route). The ADHS SNS program will identify, based on metrics provided, the appropriate type of transportation vehicle to be used.

Communication Plan with RSS/Drivers/Recipient Locations

MOUs established for each transportation company outline the minimum required topics for safety and security briefings to the transportation drivers prior to asset transportation. ADHS SNS Program personnel will brief transportation drivers on the following information:

- The nature of the incident
- ICS command structure and assignments
- Security procedures
- Medication/vaccine treatment and instructions
- Evacuation and emergency procedures
- Proper use of appropriate personal safety equipment

Each transportation company will make available to ADHS a 24/7 point of contact with authority to assign transportation assets. These companies will pre-assign an RSS-based Transportation Liaison who will provide on-site coordination with the ADHS RSS warehouse personnel. The

transportation company will agree to give ADHS and the RSS priority assignment of trucking assets for receipt and delivery of essential materiel in the event of an emergency and make available to ADHS tracking and response time information for those assets.

Delivery Schedule/Frequency

The delivery schedule of assets will be based on:

- The demand of the receiving unit
- Ouantities ordered
- Available assets
- VAPPC apportionment
- Availability of transportation resources

MOUs with transportation companies require that drivers be available 24/7 during the initial onset of the emergency and subsequently scaled back to meet demand. Tour Solver® will assist in determining delivery schedules and frequency of delivery based on demand and available assets.

Primary Organization Assigned to Distribute Antiviral Drugs, Personal Protective Equipment, and Other Ancillary Medical Supplies

MOUs are signed and in place with several layers of redundant response capability. The Metropolitan Medical Response System (MMRS) is a field resource which is also a deployable state asset if needed to support field operations. Transportation is primarily carried out by using one of (4) four ground transportation companies, one of (2) two aerial transport vendors and/or (1) one local package delivery courier service. Each MOUs includes the following provisions:

- Activation procedures
- 24/7 availability
- Number and type of delivery vehicles
- Number of drivers
- Communications equipment

To date, the Arizona SNS program has the following MOUs in place for statewide SNS operations:

- Transportation
 - o One (1) local package delivery service with 100 vehicles and 300 drivers
 - o Two (2) short haul service inside the state with 100 vehicles and 150 drivers
 - o One (1) long haul service interstate with 78 vehicles and 100 driver/rider teams
- Warehousing
 - o Two (2) locations with 20,000 square feet of refrigerator space
 - o Two (2) with only air conditioned spaces
 - o Five (5) additional evaporative-cooled warehouses (regionally located)
- Bus Transportation for Employees
- Warehouse Logistics and Power Equipment
 - o Two (2) fully able to deliver forklifts, pallet jacks, etc.
- Traffic Safety/Barricades, Mobile Refueling, and Port-a-Potties

- o Two (2) fully capable to deliver concrete barricades, highway signage, pylons and flags, etc.
- Aviation Transportation
 - o Two (2) rotary wing companies with up to 60 helicopters
 - o One (1) fixed wing with up to 35 long haul transports
- American Red Cross for Care and Feeding

Just-in-Time (JIT) Training Materials for Distribution Functions

At the state level, JIT training materials are developed from samples provided through CDC's Version 10 guidance document. Additionally, the state has adopted training guides from industry websites or training materials provided free from warehousing/logistics companies. The state also utilizes warehousing professionals for RSS staffing who already work in those capacities in a day-to-day employment setting.

Just-in-time training materials are maintained on SIREN and include training on the following RSS Warehouse operations:

- Overall RSS Warehouse Training
- 10 Minute Skills Training
- Care and Feeding Operations
- Badging
- Safety (using NIOSH and OSHA guidelines)
 - o Fire safety
 - o Pallet stacking and handling
 - o Safe work practices
 - o Safe equipment use

OPERATING SUB-OBJECTIVE B.5.3: ENSURE A SAFE AND SECURE ENVIRONMENT

RESPOND

State-Level Security Coordinator

AZDPS provides security oversight and coordination among all political subdivisions for continuity in security of personnel and asset protection during all SNS/RSS operations. AZDPS has assigned Chief Denlinger as the agency's Director Level Liaison and has appointed Sergeant Sharpensteen as the tactical field liaison to the state's SNS/RSS operations. ACTIC functions as the intelligence gathering and information dissemination fusion center to provide streaming and continuous intelligence information to AZDPS operations personnel.

State Security Support Agencies

The ACTIC and ADPS have been, and continue to be, directly engaged in SNS/RSS planning and management since the start of the SNS/RSS program in Arizona. They also serve as the states' liaison to local law enforcement for local SNS/RSS efforts.

More detail regarding state security support agencies can be found in the ADHS SNS plan on page 177.

Security Plan for RSS

Security plans for the protection of the RSS and staff are created and maintained by ACTIC and ADPS with direct input from the US Marshal's office and Marshal Assignee to Arizona. These plans are classified as law enforcement-sensitive by ACTIC and are not distributed or disclosed to outside parties. Each of the three main RSS warehouses and five smaller regional warehouses have separate security plans (some have pending Hazard Vulnerability Assessments) to ensure security planning elements are unique to each warehouse. However, in general, each security plan addresses the following security measures:

- Written site security and vulnerability assessment
- Plans for interior and exterior security
- Number of officers and designated posts
- Need for physical barriers and lighting
- Plans for access control
- Plans for security communications
- Plans for security breaches
- Emergency Evacuations
- Fire Suppression and EMS access
- Aircraft No Fly Zones
- Permitted personnel access procedures

General information regarding security at RSS warehouse locations can be found in the ADHS SNS Plan on page 44.

Security Plans for Escorting Delivery Trucks to Recipient Locations

Security plans for protection of transportation assets and the cargo are created and maintained in place by ACTIC and AZDPS with direct input from the U.S. Marshal's office and Marshal Assignee to Arizona. These plans are classified as law enforcement-sensitive by ACTIC and are not distributed or disclosed to outside parties. For details regarding security operations and other law enforcement-sensitive information, please contact the Arizona State SNS Coordinator or AZDPS/ACTIC Public Health Liaison.

Security Plans for Recipient Locations

Security plans for the protection of recipient locations are the responsibility of local law enforcement once the loaded materials have transferred into their custody. These plans are classified as sensitive by local law enforcement and are not distributed or disclosed to inappropriate parties outside of ACTIC or AZDPS. For details regarding security operations and other law enforcement-sensitive information, please contact the Arizona State SNS Coordinator or AZDPS/ACTIC Public Health Liaison.

AZDPS will help to ensure assignment and readiness of personnel supporting security needs for the transportation and distribution of vaccination stockpiles, as required in the State Emergency Response and Recovery Plan (SERRP) and the ADHS Strategic National Stockpile Plan.

AZDPS has taken a proactive approach to assisting local law enforcement agencies prepare for receipt and deployment of SNS and mass vaccination components. AZDPS routinely participates in and assists in evaluation of exercises with local public safety jurisdictions regarding deployment of SNS and mass vaccination assets. AZDPS also assists ADHS as guest speakers and as an authoritative point of contact for local jurisdictions that are developing response plans for the receipt, storage, and deployment of SNS assets.

Staff Badging and Credentialing System for All Response Personnel

Staff badging at local PODs or local recipient locations is the responsibility of the local health department. At the state level, a badging system is in place to identify trusted transportation assets and personnel. The Datacard software "ID Center" and a CP-80 card printing system is in place and used regularly to generate ID badges. Also, ADHS MOUs require that transportations companies conduct a background check on all personnel and provide this information to the State prior to mobilization and assignment for relief efforts. A separate and ACTIC/AZDPS-directed identity process is used by the state SNS Coordinator to provide immediate recognition of approved personnel and assets.

More information regarding staff badging and credentialing is located in the ADHS SNS Plan on pages 21 and 45.

<u>OPERATING SUB-OBJECTIVE B.5.4: ADMINISTER DRUGS IN A LEGAL AND ETHICAL MANNER</u>

RESPOND

Administering Antiviral Drugs for Treatment to Priority Groups

ADHS has the responsibility for projecting health resource needs in the event of a major health-related emergency and for allocating scarce resources to meet those needs. According to Arizona Revised Statutes (ARS) §36-787, during a state of emergency in which there is a pandemic disease that poses a substantial risk of a significant number of human fatalities, the Governor, in consultation with the director of the Department of Health Services, may issue orders that ration medicine and vaccines and provide for procurement of medicines and vaccines. Under these circumstances, ADHS will take the lead to direct the prioritization of limited antiviral supplies during an influenza pandemic.

The Arizona Pandemic Influenza Response Plan dated June 2006 provides detailed descriptions of both vaccine and antiviral (for treatment and prophylaxis) priority distribution (http://www.azdhs.gov/pandemicflu/pandemic_flu_plan.htm). This plan describes how ADHS will establish a VAPPC. The VAPPC will be composed of:

• Representative(s) from the Governor's Office

- State Epidemiologist
- State physician(s)
- ADHS influenza epidemiologist
- Office of Infectious Disease Services Office Chief
- ADHS Administrator(s)
- Arizona Immunization Program Office representative
- Arizona Local Health Officers Association representative
- Hospital Association representative
- Arizona Medical Association representative
- Arizona Emergency Medical Service representative
- Arizona Pharmacy Alliance representative
- Long-term care representative

The VAPPC will define how these priority groups will apply on a local level, and will define who should be included in the groups of public safety workers, essential service providers, and key governmental decision makers. During an influenza pandemic, the VAPPC will modify these groups as needed based on the availability of antiviral medicines and vaccine, the characteristics of the causative virus (e.g., drug susceptibilities, initial geographic distribution, fatality rate, age-specific morbidity and mortality rates) and the effectiveness of implemented strategies. The VAPPC will provide the rationale for establishing the priority groups so that the reasons for prioritization can be communicated to the community.

Antiviral Drugs Administered Under Investigational New Drug (IND) or Emergency Use Authorization

As identified in the Arizona Pandemic Influenza Response Plan, ADHS and county and tribal health departments need to be prepared to distribute unlicensed vaccines (if needed) under FDA's Investigational New Drug (IND) provisions. Unlicensed vaccines might be needed, for example, if pandemic spread is rapid and standard vaccine efficacy and safety tests are not completed in time to play a role in the response. IND provisions require strict inventory control and record-keeping, completion of a signed consent form from each vaccinee, and mandatory reporting of specified types of adverse events. IND provisions also require approval from Institutional Review Boards (IRBs) in hospitals, health departments, and other vaccine-distribution venues. The FDA regulations permit the use of a national or "central" IRB. A treatment IND is one IND mechanism that FDA has available for use and is especially suited for large scale use of investigational products (http://www.access.gpo.gov/nara/cfr/waisidx_99/21cfr_99.html). As an alternative to IND use of an unapproved antiviral drug, HHS may utilize the drug product under Emergency Use Authorization procedures as described in the FDA draft Guidance "Emergency Use Authorization of Medical Products"

(http://www.fda.gov/cber/gdlns/emeruse.pdf). The VAPPC is identified in Appendix #6, subsection B-2 and B-3 in the CDC/HHS approved Arizona Pandemic Influenza Response Plan.

OPERATING SUB-OBJECTIVE B.5.5: MONITOR FOR ADVERSE REACTIONS TO DRUGS

RECOVER

Tracking System for Tracking Outcomes and Adverse Events

Currently, a statewide system is in place to track adverse events. The Arizona State Immunization Information System (ASIIS) tracks pediatric patients who receive vaccinations in the state of Arizona. ASIIS is an immunization registry designed to capture immunization data on individuals within the state. Providers are mandated under ARS. §36-135) to report all immunizations administered to children from birth to 18 years of age to the state's health department. For patients beyond 18 years of age, an enhancement is underway to expand ASIIS capability of collection and reporting of information. ASIIS has participated in the PIDAPRE (Pandemic Influenza Doses Administered Pilot Reporting Event) with one County Health Department and is now funded to expand deployment to a statewide level of usability. This pilot project tested the ability to collect and report vaccine doses administered data, and adverse reactions, to ASIIS within 24 hours of vaccine administration and proved the ability to transmit this data from ASIIS to the CDC Countermeasure and Response Administration (CRA) within 48 hours of vaccine administration.

More information regarding the ASIIS system can be found in the ADHS Pandemic Influenza Response Plan on page 13 of Supplement 6: Vaccine Distribution & Use and within Appendix B.6 of this plan, Ensure Mass Vaccination Capability During Each Phase.

Information Systems for Monitoring Adverse Reactions

Adverse Events Monitoring for Vaccines

Adverse events will be decreased by excluding people who have contraindications. It is difficult to know the precise numbers of people who will seek medical care after mass influenza pandemic vaccination. However, an estimate can be made based on seasonal influenza vaccination. Therefore, mass vaccination will create health care demands for education, vaccine administration, and evaluation of adverse events will place additional demand upon the health care system.

The Arizona Immunization Program Office has always designated one person to receive the Vaccine Adverse Event Reports for the state for the existing childhood vaccine program. This person is responsible for keeping providers informed of the Vaccine Adverse Events Reporting System (VAERS), and providing forms or website to report an adverse reaction at http://vaers.hhs.gov/. The current system of reporting adverse events instructs public vaccine providers to report adverse reactions on the VAERS form and submit to the State Vaccine Safety Monitoring Coordinator. Each VAERS form is logged with a State ID number and submitted to VAERS. All private providers are instructed to submit a form or submit a report to the online VAERS. In an influenza pandemic event, the vaccine will be purchased with federal funds; thus,

making the vaccine a publicly supplied vaccine. All adverse events should be reported to the Arizona Immunization Program to the State Vaccine Safety Monitoring Coordinator:

Adverse Events Monitoring for Antivirals

The ASIIS system is well-established. There are currently 9 FTEs in the Arizona Immunization Program Office (AIPO) that oversee the operation, training of providers and other administrative tasks associated with the system. Quarterly meetings are held with the Immunization Coordinators of public providers to receive feedback and recommendations for system administration, developments and initiatives. The Arizona Partnership for Immunization (TAPI), Arizona's statewide Immunization Coalition, is actively engaging in ASIIS functionality discussions. With the addition of the PIDAPRE enhancement, ASIIS will evolve into a fully deployed ubiquitous information collection, storage and evaluation system for monitoring adverse reactions.

Testing and Exercising the Strategic National Stockpile Plan

Each of these exercises have in part or fully engaged and tested key elements of several ADHS programs including the SNS/RSS operations and management process for Logistics Materiel Management Planning as identified in the CDC Technical Assessment Review tool dated October 2007.

Each of these exercises have in part or fully engaged and tested key elements of several ADHS programs including the SNS/RSS operations and management process for Logistics Materiel Management Planning as identified in the CDC Technical Assessment Review tool dated October 2007.

Countermeasures Tabletop

The ADHS SNS Countermeasures Tabletop Exercise was held on January 22, 2008 at the Arizona State Laboratory. The following objectives were developed for the exercise:

- Demonstrate an understanding regarding the roles and responsibilities and needs of all participating agencies.
- Identify and capture gaps in existing plans, policies, and procedures.
- Identify gaps in coordination between agencies.
- Provide feedback to the CDC/DSNS on user issues, challenges, and barriers that may be encountered during a pandemic influenza outbreak.

The tabletop was designed to test state level planning, critical resources logistics and distribution, and medical supplies management and distribution capabilities.

The primary areas for improvement, including recommendations, are as follows:

Continued inventory tracking system planning and development is necessary in order to
meet current goals. The planning is on-going for the state and the tracking system should
be unified. In the interim, local public health agencies should consider and plan for SNS
materiel tracking without the use of a state provided tracking system.

- o *Recommendations:* State health needs continued planning for implementation of an SNS medical materiel tracking system. In addition, local agencies should plan for implementing individual tracking methods for the interim.
- The Vaccine and Antiviral Prioritization Policy Committee (VAPPC) should be included in the planning process for SNS allocation as stated in the Arizona Influenza Pandemic Response Plan.
 - o *Recommendation:* In addition to VAPPC inclusion, an explanation is necessary for how allocation will occur and what the basis for that decision will be.

TOPOFF IV

The TOPOFF IV Functional Exercise (FE) took place from October 16-18, 2007 in and around the Phoenix metropolitan area. The FE started with the detonation of a radiological device near a major freeway intersection in the Phoenix metropolitan area. The alleged terrorist was stopped by a police officer on the freeway and detonated his 'dirty bomb' prematurely when he raised the officer's suspicion.

The explosion itself was not catastrophic and caused only limited number of casualties in the immediate vicinity of the bomb. The radioactive isotope Cesium 137 was dispersed during the explosion, causing a radioactive plume. This release of radiation caused the evacuation of many citizens throughout the metro area, and impacted many facilities including schools, hospitals, clinics, long-term care facilities, businesses and critical infrastructure.

For ADHS, TOPOFF IV focused on the following exercise objectives:

- Demonstrate the ability to successfully communicate with health partners at the local, county, state and tribal level using the SIREN, EMSystem and AZ 211 systems.
- Assess the ability to successfully coordinate and communicate public safety information by participating in JIC operations and following JIC procedures. Importance will be placed on special needs populations.
- Determine the ability of ADHS to implement agency response plan annexes relating to an RRD response.

TOPOFF IV tested several SNS components including:

- Intelligence/information sharing and dissemination
- On-site incident management SNS/RSS Operations
- Emergency Operations Center (EOC) management
- Emergency public information and warning
- Economic and community recovery

The primary areas for improvement, including recommendations, are as follows:

- Not all HEOC staff and ADHS representatives fully understood their roles within the command structure or the use of the ICS forms.
 - o Recommendation: Ensure all HEOC staff are trained in ICS 300 and 400.
- Communication between HEOC and SEOC was not always consistent and aligned with the response plan.

- Recommendation: Conduct further training on HEOC and SEOC roles. Incorporate this function into upcoming exercises.
- The HEOC staff members were not proficient in the use of the communication systems at the beginning of the exercise.
 - o *Recommendation*: All HEOC staff should attend communication systems training on a quarterly basis.

A much more detailed analysis on the overall findings of the TOPOFF IV FE is available in the ADHS TOPOFF 4 AAR/IP dated December 20, 2007.

SNS Tabletop June 2008

The SNS / RSS TTX was held on June 18, 2008. It engaged key Command Staff personnel from the State RSS Warehouse as well as each of the 15 County Health Department RSS Warehouses. The primary focus was on communications relating to RSS/SNS security, transportation, routing, and inventory management as they would occur at the EOC and the RSS Warehouse. It examined the existing communications pathways and communications mechanisms that are in place and would be used in an event. It allowed ADHS and its partners to assess and identify the strengths and weaknesses of their various SNS/RSS distribution plans as they relate to communications, Emergency Operation Center (EOC) Management, and Medical Supplies Management and Distribution.

The SNS Tabletop focused on the following exercise objectives:

- Evaluate the existing communication capabilities and pathways used by the EOC for an event requiring SNS assets.
- Evaluate the communication pathways and mechanisms for the RSS Warehouse.
- Evaluate the communication pathways and mechanisms for Points-of-Dispensing (POD) sites.
- Test alerting lists to ensure timely response and accuracy.

This tabletop tested several components of the SNS system including:

- Medical Materials Management
- Communications
- Emergency Management Operations

While the After Action Report (AAR) for this TTX has not yet been completed, a key preliminary lesson learned that was consistently identified at the end of the exercise is that our County Health Department partners need to work more closely with their law enforcement and transportation partners. Corrective actions that can overcome this barrier include detailed planning and collaboration, training on the expected roles and responsibilities that these partners will possess, and drills and exercises that test them in their roles. Once the AAR for this TTX has been completed, these lessons learned along with other identified issues will be analyzed in the Improvement Plan (IP) Matrix along with corrective action items.

Appendix B.6 Ensure Mass Vaccination Capability during Each Phase of a Pandemic

General Planning Issues

This plan guides the Arizona Department of Health Services' (ADHS) public health activities involved in a mass vaccination campaign in the event of an influenza pandemic. The public health response to the influenza pandemic would be a multifaceted approach; however, this plan focuses on one prong of the public health response – specifically, the procedures to mass vaccinate the pre-pandemic and pandemic priority groups sequentially with limited influenza pandemic vaccine. As vaccine supply increases, strategies to offer influenza pandemic vaccine to the entire Arizona population over a 12 month period of time need to be in place. There needs to be consideration and plans to vaccinate the population with the seasonal influenza vaccine during the initial phase of influenza pandemic identification period. The plans need to address likely scenarios and the specific factors that would change the risk for disease, our public health actions, and ultimately change the approach.

For the purposes of this plan, we are assuming the influenza pandemic is imminent. During the pre-pandemic period, state, tribal, and county public health personnel will be busy with enhanced surveillance activities of suspect cases of the influenza pandemic strain as well as surveillance of the season influenza strains. It is expected that if influenza pandemic strains are detected anywhere in the U.S., the Secretary of Health and Human Services (HHS) would release existing supplies of vaccine for mass vaccinations. The President will declare a State of Emergency. The Governor, or designee, would order the vaccine from the Center for Disease Control and Prevention (CDC) and ADHS would be responsible for receiving the vaccine and coordinating a statewide mass vaccination campaign. Memorandums of Agreement (MOAs) to address transportation, security, storage, and other support and logistical needs are current and active. See Appendix B.5, Acquire and Distribute Medical Countermeasures for more information.

This plan relies on the county and tribal health departments' plans to administer vaccine to its population. Each county health department has plans to address facilities and resources needed to operate mass vaccination clinics. Attachment 1 provides information on Tribal Population Characteristics.

The plan is designed to supplement and support, not supplant, a county and tribal health departments' mass vaccination plan. The goal of this plan is to support the county and tribal health departments' mass vaccination activities. County level governments not capable of responding to influenza pandemic mass vaccination may request state support. In addition, the County Health Director/Officer may request public health support through ADHS.

Other plans that relate to this Appendix include:

- The County Health Department's Mass Vaccination Plans
- The Tribal Health Department's Mass Vaccination Plans
- Arizona Mass Vaccination Clinic Plan February 2006
- HHS November 2007 "Update: Status of pandemic influenza vaccine manufacturing capacity, pre-pandemic stockpile, and planning for vaccine distribution."

HHS October 2007 "Guidance on Allocating and Targeting Pandemic Influenza Vaccine"

Table 1. Tiers/Groups as defined by US HHS on October 2007

Tiers/Groups	Arizona Population	Doses needed	Migratory Workers and
	Estimates	(2 per person)	Seasonal Visitors
1	1,150,000	2,300,000	$250,000 \times 2 = 500,000 \text{ doses}$
2	340,000	680,000	$350,000 \times 2 = 700,000 \text{ doses}$
3	1,280,000	2,560,000	0
4	1,480,000	2,960,000	Unknown
5	2,089,000	4,178,000	1,200,000 doses
Total	6,339,000	12,678,000	

Source: US Census Bureau 2007 Population Estimate

The national production of the influenza pandemic strain vaccine is estimated at a rate of 5 million to 10 million doses per month. With the US population nearly 302 million and each person needing two doses of vaccine, production of influenza pandemic vaccine that would be enough for the country will take 30 to 60 months (two to five years).

Arizona's population of approximately 6.3 million and growing represents 2% of the national population. The HHS guidance indicates the vaccine will be allocated to each state based on population. Arizona's 2% portion of the vaccine translates into 100,000 to 200,000 doses a month and weekly shipments of vaccine to Arizona designated sites of 25,000 to 50,000 doses. The table below indicates the amount of time needed to completely vaccinate each tier with the limited supply of vaccine doses each month:

Table 2. Time Table to Complete Vaccination of each Tier Based on Population Estimates

Time table to complete vaccination of each tier						
Tier/Groups	roups Receiving		Receiving			
	200,000	300,000	400,000			
	doses/month	doses/month	doses/month			
Tier $1 \sim 2,300,000 doses$	~15 months	~8 months	~6.5 months			
Tier $2 \sim 680,000$ doses	~ 3.4 months	~2.6 months	~1.7months			
Tier 3 \sim 2,560,000 doses	~12.8 months	~ 8.5 months	~ 6.4 months			
Tier 4 \sim 2,960,000 doses	~15 months	~ 10 months	\sim 7.4months			
Tier 5 \sim 5,378,000 doses	~21 months	~ 14 months	~ 10 months			

Vaccine Receipt from Vaccine Manufacturers

Federal officials may authorize release of a portion of the influenza pandemic vaccine stockpile and implementation of all or portions of the CDC Influenza Pandemic Response Plan if influenza pandemic virus is deemed imminent by HHS. The release of vaccine may be prior to licensure by the Food and Drug Administration (FDA). The use of the vaccine will need to follow the Emergency Use Authorization protocol or the Investigational New Drug protocol. More information on these protocols is found under the *Use of Emergency Use Authorization or Investigational New Drug Protocols*.

The status of pandemic influenza vaccine manufacturing capacity, pre-pandemic stockpile, and planning for vaccine distribution was provided to the states from HHS on November 26, 2007. This document provided the states with information on vaccine distribution from the manufacturer. As long as there is a single manufacturer of pandemic vaccine (currently sanofi pasteur), vaccine will be shipped to designated ship-to sites via commercial carrier. When more than one manufacturer is producing pandemic vaccine (anticipated starting 2010), vaccine from the different manufacturers will be consolidated using a centralized distribution system (for example CDC's Vaccine Management Business Improvement Project currently being deployed for distribution of childhood vaccines) with distribution to Project Area-designated ship-to sites. Sanofi pasteur can support shipments to approximately 3,500 ship-to sites per week, averaging to about one per county.

Recipient's Ship-to Sites for Pre-Pandemic and Pandemic Vaccine

Arizona responded to the January 2008 CDC vaccine ship-to-sites questionnaire with the following information:

Pre-pandemic: In Arizona, the number of ship-to-sites for pre-pandemic vaccine is 25 if there is only 20M, 2-course doses for the United States. The assumption is that as the quantity of vaccine distributed to the state has met the need for Tier 1 groups, there will be a need to ship vaccine to more sites to reach Tiers 2-5.

- 100 ship-to-sites if there is 120M, 2-course doses for the United States.
- 1,000 ship-to-sites if there is only 280M, 2-course doses for the United States

Pandemic: In Arizona, the number of ship-to-sites for pandemic vaccine is 25. The assumption is that as the quantity of vaccine distributed to the state has met the need for Tier 1 groups, there will be a need to ship vaccine to more sites to reach Tiers 2-5. The number of ship-to-sites could increase to 1,000.

The actual ship-to site location information is maintained by ADHS and includes county health departments, Indian Health Services hospital and clinic locations, and ADHS facilities.

Vaccine Request and Ordering

The Governor, or designee, would order the vaccine from the CDC and ADHS would be responsible for brokering the limited quantities of vaccine for mass vaccination campaign. The request will provide justification for vaccine for Arizona and the number of doses requested, of both influenza pandemic and seasonal influenza vaccine. This decision may be based on input from the Department's Director, the Department's State Epidemiologist, the Department's Bureau of Epidemiology and Disease Control Services, and the Department's Bureau of Emergency Preparedness and Response. The Governor will decide when to declare a State of Emergency.

Upon CDC's approval and release of influenza pandemic vaccine, the vaccine will be shipped from the vaccine manufacturer(s) by private courier to predetermined clinic sites in Arizona. The ADHS Immunization Program Office Chief, who is the State's Vaccine Controller and point

of contact for vaccine, will provide CDC and/ or vaccine manufacturer(s) with the delivery sites each week, based on weekly input from the County Health Departments. County health department Vaccine Controllers and the primary vaccine storage locations are listed in Attachment 2.

Attachment 3 diagrams the vaccine distribution during the time period of limited quantities of vaccine for Tier 1, 2, and 3. The State Vaccine Controller will ensure receiving sites are prepared for the storage, handling, and security requirements, as specified by CDC vaccine guidelines.

The County Health Department and Tribal Health Departments have existing relationships to ensure the population of both is served. The state will provide the County Health Department with the limited vaccine supply based on population estimates.

Vaccine Storage and Monitoring

The vaccine will be delivered from the manufacturer(s) in multi-dose vials (anticipate 5 ml vials). Each vial is sufficient volume for 10 adult doses of 0.5ml or 20 infant doses of 0.25ml. Each 5 ml vial/box measures 2 ½" H x 1" W x 1" D. Thirty-two (32) vials (or 320 adult doses) use space equivalent to a thick phone book. The space of a 2-drawer file cabinet (14"W x 25"H x 25" D) can hold approximately 3,150 vials or 31,500 adult doses.

When vaccine is stored in a refrigerator, space must be left around the vials/boxes to allow air to circulate around the vaccine. Additionally, bottles of water or cool packs should line the walls to maintain a constant temperature. In other words, the vaccine refrigerators can't be packed top to bottom with vaccine; which will limit the amount of vaccine each refrigerator can accommodate.

State's Primary Vaccine Depot

The Department's vaccine depot has the capacity to store 150,000 to 300,000 doses of influenza pandemic vaccine doses. The demand for this vaccine at clinic sites will minimize the need to store the vaccine at the State's Primary Depot. It will be distributed to other clinic sites within 24 hours of receipt Arizona's vaccine depot has a refrigerator that can store up to 300,000 doses of influenza pandemic vaccine (30,000 vials), as described below:

Refrigerator Unit: Victory Refrigerator (Model RA-3D-S7)

Dimensions: 79" wide x 84" high x 35" depth

Capacity: 70.1 cubic feet

Power Source: Electrical connection with backup power source to a gas powered

generator activated when electrical power source is interrupted.

<u>Available space</u>: This refrigerator is currently used for temporary storage of vaccines returned from providers. Over 60% of refrigerator is available for influenza pandemic vaccine storage and 100% of the space could be made available in an influenza pandemic event.

Safeguards: Refrigerator temperatures are monitored. In addition, the vaccine in the primary depot is safeguarded by a temperature alarm system to alert when temperature is out of the acceptable vaccine storage range. The refrigerator has a factory-installed lock and housed in a locked room with access by authorized personnel only. The building has security guard(s) monitoring the entrance and exists of employees and visitors to the building during business hours between 6:30 am and 6:30 pm. Arrangements can be made to ensure 24-hour security, if needed.

State's Secondary Vaccine Depot

Additional doses can be stored at a nearby secondary site, if needed. The refrigerator is 19 cubic feet in size. The power source is an electrical connection with a back-up emergency power source. The entire refrigerator is available for influenza pandemic vaccine storage, if needed. Refrigeration temperatures are monitored. The refrigerators are housed in a locked room, accessible only by authorized personnel. The building uses security ID cards to gain entrance to the building, as well as code and card security to gain access to different sections within the laboratory. The building has security guard(s) monitoring the entrance and exists of employees and visitors to the building between. The building has 24-hour security with a surveillance camera on the main and rear entrances.

County and Tribal Health Departments Vaccine Depots

The capacity of each county and tribal health department vaccine depot(s) has been surveyed and is on file with the ADHS Immunization program (Attachment 4). Each County and Tribal Health Department also has implemented safeguards and plan for alternative storage site(s), if needed.

Vaccine Allocation and Distribution to Pre-Designated Sites

The State's Vaccine Controller will determine the doses of vaccine to distribute to the county health department, and any State priority clinics based on the populations within each county. Below is the chart which determines the percent and number of doses each county would receive based on the quantity of doses received from CDC each week/month.

Table 3. Scenarios based on doses received each week

		% of						
		Arizona						
County	Population	population	# of doses re	eceived ead	ch week			
			25,000	50,000	75,000	100,000	200,000	300,000
Apache	69,980	1.10%	276	552	828	1,104	2,208	3,312
Cochise	127,866	2.02%	504	1,009	1,513	2,017	4,034	6,052
Coconino	127,450	2.01%	503	1,005	1,508	2,011	4,021	6,032
Gila	51,994	0.82%	205	410	615	820	1,641	2,461
Graham	34,769	0.55%	137	274	411	549	1,097	1,646
Greenlee	7,754	0.12%	31	61	92	122	245	367
La Paz	20,172	0.32%	80	159	239	318	636	955
Maricopa	3,880,181	61.21%	15,303	30,607	45,910	61,214	122,427	183,641
Mohave	194,944	3.08%	769	1,538	2,307	3,075	6,151	9,226
Navajo	111,273	1.76%	439	878	1,317	1,755	3,511	5,266
Pima	967,089	15.26%	3,814	7,628	11,443	15,257	30,514	45,770
Pinal	299,246	4.72%	1,180	2,360	3,541	4,721	9,442	14,163
Santa Cruz	42,845	0.68%	169	338	507	676	1,352	2,028
Yavapai	212,635	3.35%	839	1,677	2,516	3,355	6,709	10,064
Yuma	190,557	3.01%	752	1,503	2,255	3,006	6,012	9,019
Total Population	6,338,755	100.00%	25,000	50,000	75,000	100,000	200,000	300,000

2007 US Census

The vaccine will be transported from the vaccine manufacturer to the destinations via private courier service to the list of designated ship-to-sites submitted to CDC in May 2008. During the first six to 12 months, <100 destinations should be meeting the needs for Arizona.

If there is a need to transport to more locations from the State Vaccine Depot, FedEx or UPS will be used for transportation of vaccine from the State Depot to clinic sites outside of Maricopa County. Both companies are currently used by the State Depot and agreements with the transportation companies are in place. If additional security of shipments is needed, DPS is capable of making dozens, but not hundreds, of trips to deliver the vaccine statewide.

The Medical Director for the county health department or the designated County Vaccine Controller will sign for the vaccine and will be responsible for ensuring that all storage, handling and security requirements are met. Transportation of influenza pandemic vaccine between facilities will be accomplished with these safeguards in place:

- A "Chain of Custody" form and inventory form will travel with the vaccine (see Attachment 5). The Chain of Custody form will document the person who has custody of the vaccine. This person must safeguard the vaccine and be the only person designated to handle the transport container.
- Influenza pandemic vaccine will be transported in a polyfoam insulated storage chest(s) designed to provide optimal temperature stability during vaccine transport. Several sizes of the insulated storage chests are currently in stock at the Department's Primary Depot to accommodate transportation up to 10,000 doses. The container for influenza pandemic transportation must have insulating wall of at least 1½ inch thick.
- Each shipping/transport container will be packed with enough refrigerant gel packs to maintain temperatures between 2-8 degrees C (35-46 degrees F) for an 8-hour period. A

- barrier of either paper or polyethylene sheets will surround the vaccine from the refrigerant gel packs. Additional packing material will be used to fill voids in the container.
- Shipments will contain device(s) similar to the COLDMARK and WarmMark that indicate if the vaccine has been exposed to extreme heat or cold during transport. The recipient of the vaccine at the facilities will be required to call the State or County Vaccine Controller while opening the container to determine viability of the vaccine. Note: Additional vaccine handling protocols are expected from CDC.

Clinic Handling of the Vaccine

A public or private health care organization must enter into an MOA with the Department to receive influenza pandemic vaccine. This MOA lists the compliance criteria required of the health care organization prior to receiving influenza pandemic vaccine and the administering influenza pandemic vaccine.

It is the responsibility of the County Immunizations Coordinator or County Vaccine Controller to remain aware of the most up-to-date vaccine handling protocols. The County Vaccine Controller will ensure that storage, handling and security requirements, as specified in the CDC guidelines are followed. The County Vaccine Controller will ensure that all personnel who handle the vaccine and administer vaccinations are vaccinated and properly trained.

The County Vaccine Controller is responsible for maintaining the cold chain. All transportation of the vaccine must receive the consent from the State or County Vaccine Controller.

Vaccine accountability will be handled according to CDC guidance. Experienced immunization staff will inventory the vaccine daily, accounting for doses administered, doses wasted, and doses of viable vaccine. Plans for open and unopened vials of influenza pandemic vaccine are:

- The County Vaccine Controller will oversee the proper vaccine storage and handling
 procedures. The vaccination teams will encounter open and partially used vials of
 vaccine which should be used at the next vaccination clinic to minimize wastage. An
 unused vial of vaccine will not be opened until a search for an open, partially used vial
 has been conducted.
- Properly stored vaccine (including open vials) is viable and remains usable until the
 expiration date. This is regardless of the time from first opened and used. The expiration
 date is expressed in month/day/year and is valid until midnight of the expiration date.
 This policy assumes that aseptic technique has been used and no contaminated object was
 in contact with the vaccine, and no visible contamination is present. Influenza pandemic
 vaccine must be kept cool according to CDC protocols when opened and in use by the
 vaccinators.

Security

Security Deployed by CDC for Transfer of the Pandemic Influenza Vaccine to Arizona

According to the HHS November 2007 update on the status of pandemic influenza vaccine manufacturing capacity, pre-pandemic stockpile, and planning for vaccine distribution, the Department of Homeland Security is the federal agency responsible for coordinating security (with Federal and State, Local, Tribal, and Territorial (SLTT) law enforcement) when vaccine is under Federal control. Once vaccine is turned over to Arizona SLTT officials at ship-to sites, Arizona SLTT will assume responsibility for security.

The Arizona Department of Public Safety (AZDPS) is the lead agency for providing security oversight for state assets, facilities, and personnel. The AZDPS Strategic National Stockpile (SNS) Security Plan has been developed in order to provide direction the AZDPS's fourteen (14) Divisions. Specific details of this plan are held in isolation of this document in order to ensure that operational security components are not compromised. See the ADHS Operational Plan and Procedures for Receiving and Distributing the Strategic National Stockpile (SNS), Version 4.21, March 2007 for a general concept of operations for SNS security.

AZDPS has assigned Chief Denlinger as the agency's Director Level Liaison and has appointed Sergeant Sharpensteen as the tactical field liaison to the state's operations. The Arizona Counter Terrorism Information Center (ACTIC) functions as the intelligence gathering and information dissemination fusion center to provide streaming and continuous intelligence information to AZDPS operations personnel.

CDC has indicated the vaccine distributor/manufacturer will transport the vaccine up to 100 locations in each state using the vaccine manufacturer carrier service. The State Immunization program has provided CDC with the shipping locations, and the state will assist in overall security coordination regarding receipt and storage of vaccine.

The identity and location will be communicated to all local security/law enforcement officials involved with securing the vaccine location.

SNS Security Following Transfer to the State

The Incident Commander will work with the State SNS Coordinator, ADHS Health Emergency Operations Center (HEOC), and State Receipt, Store, and Stage (RSS) Warehouse Security Officer to determine and coordinate the needs and level of armed law enforcement security services for the following:

- State RSS Warehouse (internal/external);
- State reapportioning site if separate from the State RSS Warehouse;
- Distribution vehicles loading, offloading, and in transit from State RSS to County/Tribal RSS distribution and dispensing sites and treatment centers; and
- Distribution routes used by vehicles transporting the resources or SNS materiel.

Additional security staffing needs will be requested through the State EOC as needed.

State RSS Warehouse Security

State RSS Warehouse site security will prevent any unauthorized entry through the State RSS site perimeter. Security personnel will be responsible for determining and securing the perimeter. State and local law enforcement will coordinate to provide security at the State RSS Warehouse, which will involve planning for the following:

- Access control into, within, and through out the facility. This measure involves actions
 such as sign-in logs after proper identification, and identification badges for authorized
 personnel. Volunteers to staff this or other facilities must be credentialed. The public,
 including members of the media, will not be allowed access to the State RSS Warehouse
 site. The location of the State RSS Warehouse site will not be intentionally disclosed to
 the public or the media.
- Alternate routes for entry and exit to the facility; and
- Perimeter force protection using physical barriers such as perimeter fences, barriers of various types, vehicle gates, personnel gates and turnstiles, closed circuit television, and perimeter lighting.

Distribution System Security

Depending on the site location, the law enforcement agency having jurisdiction should assist with site security, if possible. Should the security needs exceed the capability of the on-site agency, additional assistance will be obtained under law enforcement mutual aid.

AZDPS law enforcement will coordinate escort, including traffic control and security in transit, while the SNS packages move from staging to local distribution warehouses. These movements should largely occur within AZDPS's overall jurisdiction. If the State RSS Warehouse is located on a Military Base, adjunct security assigned to the base should be requested from and provided by the military. State law enforcement will share responsibility at the point that vehicles transporting the SNS enter and exit the base. Areas of needed security will include, but not be limited to the following:

- Escort of vehicles to and from distribution destinations;
- Securing of key transportation arteries so that only SNS and other emergency vehicles can use them: and
- Use of alternative transportation, including
 - o Movement of entire cargo containers of materiel over congestion by slinging them under a helicopter; or loading of materiel into the aircraft cabin
 - o Movement around congestion using rail, subway, or waterways and watercraft to points where ground transportation can move more freely.

Clinic Security

In cooperation with county and local law enforcement agencies, local jurisdictions are responsible for providing security at county and tribal mass vaccination clinic locations. If necessary, state security services can be requested to escort resources or vaccines to these locations.

Each mass vaccination clinic has a job action sheet for a Safety Chief, Security Coordinator, Security Chief, and Security Guard. This can be found in the Appendix J of the Arizona Mass Vaccination Clinic Plan at http://www.azdhs.gov/pandemicflu/index.htm.

The clinic personnel includes the Safety Chief who is responsible for crowd control, determining the security needs, overseeing the security personnel, and coordinating with local law enforcement. The Security Coordinator oversees the Security Chief and Security Guard who is also responsible for the security of the site and coordinates with local law enforcement if additional security is required.

Pandemic influenza vaccine will be considered part of the SNS and will implement some, but not all, of the security measures used for SNS materiel. This will include security for:

- All locations that support SNS operations
- Vehicles that transport the SNS
- Crowd control that might interfere with effective operations
- Transport
- Protecting the personnel, equipment, and SNS assets
- Other incident response plans based on current intelligence and situational awareness

Formal agreements are currently in place with both public agencies and private security to provide services as identified in the ADHS Operational Plan and Procedures for Receiving and Distributing the Strategic National Stockpile (SNS), Version 4.21, March 2007. The Arizona Department of Emergency Management will assist in procuring any needed security services during the state of emergency.

To date, AZDPS and ACTIC have conducted hazard vulnerability assessments (HVAs) only for state facilities which have been identified as critical infrastructure or program based critical assets that would negatively affect critical infrastructure if they were to fail. This includes statelevel RSS sites. The local law enforcement agencies are responsible for conducting vulnerability assessments for local clinic operations, with support and guidance from AZDPS and ACTIC.

State Vaccine Controller

The State Vaccine Controller, Immunization Office Chief (Kathy Fredrickson) or designee, will be assigned to determine shipment of influenza vaccine and arrange for the shipment of the vaccine to pre-designated sites. All transportation of influenza vaccine must have the consent from the State Vaccine Controller. No private courier services should be needed to ship vaccine during the pre-pandemic phase.

A public or private healthcare organization must enter into an MOA with ADHS prior to receiving and administering the influenza vaccine. This MOA lists compliance criteria including the use of a Chain of Custody form that must accompany the organization's allotment of the vaccine. See Attachment 5 for an example Chain of Custody form.

Administration of Influenza Pandemic Vaccine with County and Tribal Health Departments

Routine Vaccination Clinics

The largest county health department in Arizona, Maricopa County Department of Public Health (MCDPH), is accustomed to conducting clinics for children. In the "back to school" period, MCDPH averages 1,200 children a day, and this volume is sustained for four to six weeks. Children require more time than vaccinating adults as they receive multiple vaccines, multiple Vaccine Information Statements, more time for parent concerns, and time to research into the state's immunization information system. Other county health departments have conducted large vaccination clinics in their counties in the past, due to hepatitis A outbreaks, meningococcal outbreaks, and most recently a measles outbreak in 2008. In the event of an influenza pandemic, these clinics could double the number of adult clients vaccinated per day.

County and Tribal Health Department Responsibilities

Arizona Department of Health Services Immunization Program nursing staff and 11 county immunization nurses developed the Arizona Mass Vaccination Clinic Plan. The plan is intended and written as an "off the shelf" manual for each County Health Department to implement in the event of mass vaccination. It is not designed specifically for an influenza pandemic vaccination clinic. This manual was approved for use by Arizona Health Local Officer's Association (ALHOA) and the Arizona County Directors of Nursing Association (ACDONA). This document can be found at http://www.azdhs.gov/pandemicflu/index.htm.

The Arizona Mass Vaccination Clinic Plan (http://www.azdhs.gov/pandemicflu/index.htm) is referenced throughout this document. The Arizona Mass Vaccination Clinic Plan addresses:

- Personnel Basic Requirements
- Personnel Licensure requirements (credentialing)
- Personnel Assignments (Completion of Skills Assessment)
- Personnel Training

Appendix J of the Arizona Mass Vaccination Clinic Plan contains 37 job action sheets for the personnel operating the mass vaccination clinic. The job action sheets include the job requirements, job qualifications, job duties, and National Incident Management System (NIMS) compliance components.

The Arizona Mass Vaccination Clinic Plan utilizes licensed medical volunteers for clinic staffing needs which are the responsibility of the Volunteer Coordinator for the clinic. It is also the local health departments' responsibility to identify sources of all clinic staffing, including back up positions identified for each clinic position.

The Arizona Mass Vaccination Clinic Plan will be revised in the coming year to include guidance to local health departments on how to estimate the number of doses to be administered per shift, based on assumed vaccine availability and relative allocation within project areas.

Each county health department has jurisdiction and control of each clinic operation, location, and security. The clinic personnel includes the Safety Chief who is responsible for crowd control, determining the security needs, overseeing the security personnel, and coordinating with local law enforcement. The Security Coordinator oversees the Security Chief and Security Guard who is also responsible for the security of the site and coordinates with local law enforcement if additional security is required.

Each county and tribal health department is expected to have a plan in place (Standard Operating Guidelines (SOGs)) for the mass vaccination of the priority groups. They will designate a point of contact, if other than the County Immunization Manager listed in Attachment 2. This will be the point of contact for ADHS for all mass vaccination issues. Each of the 15 county health departments has determined the number of clinics needed and their locations. ADHS has required that county health departments either have formal agreements with facilities or be working toward obtaining formal agreements. Table 1 is an example of the form each county health department has completed. They have also determined the number of personnel required to vaccinate each priority group population. This is information is maintained on the Secure Integrated Response Electronic Notification System (SIREN) and can be accessed by the ADHS Immunizations Program Office and Public Health Incident Management System (PHIMS) staff at all times.

Table 4. Example Form for County Health Department Clinic Information

	Facility Name	Facility Address	Vaccination or Dispensing Site (V or	Facility Phone Number	Facility Fax Number	Facility Contact	Formal or Informal Agreement with Facility Owner (F	Has Facility Been Assessed for	Vacc/Disp capacity per day (# of patients/day)
							or I)	Adequacy?	
Ī		2626 E. Pecos Road		480-					
	Chandler-	Chandler,		732-		Robert			
	Gilbert CC	AZ 85225	V & D	7000		Everett	F	Yes	75,000
		3000 N.							
		Dysart Road		623-					
	Estrella Mtn.	Litchfield		935-		Charles			
	CC Center	Park, AZ	V & D	8000		Summers	F	Yes	75,000
	Gateway	108 N. 40th		602-		laaaah			
	Community College	Street Phoenix, AZ	V & D	392- 5000		Joseph Partridge	F	Yes	75,000
	College	6000 W.	V & D	3000		Faithuge	Г	162	75,000
		Olive							
	Glendale	Avenue		623-					
	Community	Glendale,	\/ 0 D	845-		Debra	_	V	75.000
	College	AZ 1833 W.	V & D	3000		Palok	F	Yes	75,000
	Mesa	Southern		480-					
	Community	Avenu		461-		Steve			
	College	Mesa, AZ	V & D	7000		Corich	F	Yes	75,000

Each county will receive their percentage of the weekly/monthly allocation of the state vaccine supply. Each county health department will determine the priority group(s) to vaccinate with the limited number of doses allocated each week/month

This plan primarily relies on county health and tribal health departments and their designees to operate mass vaccination clinics. County and tribal health departments will identify the number of clinics, required personnel and the appropriate facilities for these clinics in advance. The quantity of vaccine and the priority group(s) to vaccinate will be factors influencing these resource needs. These facilities must meet the site assessment checklist requirements for proper storage and handling. County and Tribal health departments are responsible for entering into formal agreements with these facilities in advance. County health departments have listings of clinic sites and tribal health departments are in various stages of identifying these clinics.

Each County and tribal health department will receive notice from the ADHS Immunization Program of the number of doses to expect in each shipment and the current recommendation for its use. Attachment 6 is an example of a season influenza vaccine order form.

Each week, the county/tribal health departments will be required to submit the Pandemic Influenza Vaccine Accountability form (Attachment 7). The form requires an account of vaccine inventory by lot number and by Point of Dispensing (POD). This form also captures the aggregate doses administered by age and by tier groups. Vaccine administered will also be captured in the state immunization registry, the Arizona State Immunization Information System (ASIIS). ASIIS can provide doses administered report per clinic location and can track vaccine inventory by lot number.

A custom made mass vaccination module is specially designed for a pandemic influenza clinic to capture the necessary data in a quick streamlined process. The mass vaccination module is an application made available to the county and tribal health departments in two formats: (1) web based application requiring internet connectivity; and (2) thumb drive application for POD without internet connectivity. See Data Management section for more detail.

State Clinics

When a county health department is not able to operate sufficient clinics to serve the population or asks for assistance to vaccinate a specific group (i.e., key State government officials), ADHS will operate a state-assisted mass vaccination clinic within the jurisdiction.

If the county health department has not identified suitable clinic sites, the Department will use public high schools for state clinics. The rationale for using high schools is:

- 272 high schools (not including charter schools) are located throughout the state and their locations correlate with the state's population.
- In general, high schools provide adequate facilities needed to operate mass vaccination clinics, including adequate parking and refrigeration.
- High school locations are accessible and commonly known to Arizona residents.
- High schools may be shutdown during an emergency of this nature.

The Arizona Department of Education (ADE) has indicated that high schools would be a suitable venue for mass vaccination clinics. The ADE has made the verbal commitment to encourage schools and school districts to partner with ADHS and local health departments in clinic

planning. The ADE noted that this type of function aligns with school emergency response activities and expects school cooperation.

The ADHS Director or designee will determine, with the recommendation of the PHIMS Policy Group, when and in which jurisdiction state-assisted mass vaccination clinics are needed. The Director or designee will contact the Department of Education representative who will facilitate the dedication of appropriate resources for this purpose.

Specifically which high schools will be used for state clinics will depend on the status of the county health departments' plans and the nature of the mass vaccination effort. These issues, along with the large number of high schools statewide, also preclude on-site assessments for facility adequacy for State Clinics.

Vaccination of Priority Groups

Arizona adopted the *Draft Guidance on Allocating and Targeting Pandemic Influenza* Vaccine dated October 2007. This document is focused on achieving public health aims. The highest priority groups across all categories include:

- deployed and mission critical personnel
- public health personnel, inpatient health care providers, outpatient and home health providers, and health care providers in long term care facilities
- Emergency medical service personnel, law enforcement personnel, fire services personnel, manufacturers of pandemic vaccine and antivirals, and key government leaders
- Pregnant women, infants and toddlers (six to 35 months old)

The Arizona Influenza Pandemic Response Plan submitted in January 2006, originally estimated the number of individuals in each tier/group from the previous interim HHS guidance. The plan can be found at http://www.azdhs.gov/pandemicflu/index.htm. However, Arizona has adopted the *Draft Guidance on Allocating and Targeting Pandemic Influenza Vaccine* priority groups (http://www.pandemicflu.gov/vaccine/prioritization.html#AppendixA). The new draft guidance mirrors the current HHS plan and considers working group categories such as homeland and national security, critical infrastructure, health care and community support services, and the general population. Planning efforts in the coming year will focus on refining the Arizona-specific population estimates for each working group.

The Arizona Guidance for Prioritization of Pre-pandemic and Pandemic Influenza Vaccine focused on achieving public health aims. The highest priority groups were those involved in the critical social infrastructure (i.e.: law enforcement, first responders, firefighters, 911 dispatchers, and health care workers with direct patient care). There is a need for a protocol to ensure the limited quantities of vaccine are administered to confirmed workers in these priority groups. The state and county health departments will further develop a plan to verify these workers in conjunction with the employers of these groups. A possible checklist could include:

• List of critical social infrastructure organizations and approve the relevance of the organization to the critical social infrastructure

- Organizations must provide an employee list electronically (Excel spreadsheet preferred) and each organization must rank the employees into 4 groups from highest priority to lowest priority.
- Individuals must present an official photo identification badge from an approved organization or other organization approved identification

In each of the county health department plans, the following have been identified:

- The number of vaccination clinics needed
- The facility name and quantity of established vaccination clinics
- The existence of a formal or informal agreement with each facility owner
- If an on-site assessment has been completed for each facility to determine adequacy
- The vaccination capacity of the facility (number of patients per day)

All county health department plans are maintained and updated on SIREN and can be access by the ADHS Immunizations Program Office and PHIMS staff at all times.

Communications

See Appendix B.9 for all risk and tactical communications methodologies.

Vaccine Tracking

Data Management

Arizona's solution to data management in an influenza pandemic is the use of the ASIIS. ASIIS is currently used routinely by 800+ children immunization providers since 1998 and with over 90% of the providers routinely submitting immunization data. ASIIS has over 4,500 individual users of the system and contains records for approximately 3.2 million persons in the database (over 50% of Arizona's total population).

At a clinic or POD site, data can be captured on paper or directly entered into ASIIS using the following methods:

- Web based mass vaccination clinic application requiring internet connectivity.
- A thumb drive for mass vaccination clinic application without internet connectivity and later uploaded to the web based application.
- Entry into the existing ASIIS application, requiring internet connectivity and additional keystrokes than the mass vaccination application.

ASIIS is accessible by computer (laptop) for data look-up and data entry at the vaccination clinic location, if there is a wireless connection or DSL connection. It is accessible at https://www.asiis.state.az.us with proper authorization. A quick entry (no patient query capability) application that can be placed on a thumb drive can be used in remote locations that do not have wireless or DSL connectivity available. Data collected in this application are later uploaded to the ASIIS application. If needed, paper forms can be used, and all paperwork will be collected and stored in a confidential manner for data entry at a later time.

It is important that data are entered within a timely manner so that reminder notification can be generated for the second dose of vaccine to be administered 30 days or more after the first dose. All paperwork will be sent to records management to be destroyed after entered into ASIIS.

2007 Countermeasure and Response Administration (CRA) Exercise

Arizona participated in the 2007 CRA exercise to evaluate the state's capability to track the number of administered doses and report the aggregate data to CDC within 48 hours of immunization clinic. Arizona successfully completed the 2007 CRA exercise according to CDC. The 2007 CRA exercise enrolled the pilot site, Mohave County Health Department, to test the submission of clinic data within 48 hours to CDC. This exercise used ASIIS to collect data and submission to CDC using Option 1, a pipe-delimited text file of the aggregated data.

2008 CRA Exercise

Arizona will participate in the more extensive exercise during the 2008 influenza season as part of the 2008 Pandemic Influenza Vaccine Administration Exercise. The 2008 CRA exercise will involve each of the Cities Readiness Initiative (CRI) metropolitan statistical areas and equal number of non-CRI venues. The CRIs in Arizona fall within the jurisdictions of two (2) county health departments. The cities of Phoenix, Mesa, and Scottsdale are within the jurisdiction of Maricopa and Pinal Counties which are served by Maricopa County Health Department and Pinal County Health Department. Pima County has volunteered to participate as one of the non-CRI venues which is served by Pima County Health Department and contains the city of Tucson. Another non-CRI site is currently under determination in coordination with CDC as of June 2008.

In the 2008 CRA exercise, Arizona will collect vaccine doses-administered data from eight or more clinics over four consecutive weeks between October 1 and December 31, 2008. The aggregate data will be submitted to CDC by COB each Tuesday.

The minimum data requirements will include:

- Name
- Address
- Phone #
- Gender
- DOB date of birth
- SSN, if available
- Date of vaccination
- Vaccine Lot Number
- Tier group (General Population tiers 1-5)

Forms will be reviewed for quality control purposes at two points in the clinic process:

- After the educational session when the forms are first filled out by the individuals, a staff member will review the forms for accuracy and completeness.
- At the exit table, a staff member will review the forms again for completeness and accuracy.

Vaccine Safety Monitoring

The comprehensive screening techniques of vaccinees should minimize the vaccinating an individual with contraindications or precautions. Individuals will receive educational information prior to vaccination and the post vaccination symptoms to anticipate, if any. They will be given the following paperwork (unless we are otherwise instructed by the CDC to provide different paperwork):

- Medical History & Consent Form: One-page screening form
- The CDC Vaccine Information Sheet for Influenza pandemic vaccine (see http://www.cdc.gov/nip/publications/VIS/default.htm for latest version)
- Post-Vaccination Information Sheet: One page to cover adverse reactions

Those that will be receiving the vaccine will be instructed to read the CDC Vaccine Information Sheet, the Post-Vaccination Information Sheet, and complete the Medical History and Consent form. Volunteers will be available to read or translate the forms as needed.

People who do not have contraindications will receive vaccinations, and have the vaccine documented on an immunization card. They will proceed to a final check out area where forms are collected and a medical counselor answers any additional questions. Vaccinations will be administered according to the CDC guidelines (as per CDC website http://www.bt.cdc.gov/agent/influenza pandemic/index.asp) and ADHS protocol.

Screeners, vaccinators and medical counselors will be trained personnel with a health or medical background. The ability of administering mass vaccination quickly and safely will depend on the numbers of health care workers and staff able to be adequately trained. Screeners and medical counselors need to have enough experience and training to make adequate clinical judgments about contraindications and risk of exposure. It is preferable that they be nurses, nurse practitioners, EMT-Is, physician's assistants or Epidemiologists. Vaccinators need to have enough medical or health background to be trained in proper and safe administration of vaccine.

Translators for common languages will be an essential part of staffing the clinic to assure adequate education.

Contraindications

The level of contraindications will depend on the risk of the influenza pandemic. CDC guidance will be sought for any change in current contraindications. The contraindications for the influenza pandemic vaccine are assumed to be the same as the seasonal influenza vaccine.

Adverse Events Management

Adverse events will be decreased by excluding people who have contraindications. It is difficult to know the precise numbers of people who will seek medical care after mass influenza pandemic vaccination. However, an estimate can be made based on seasonal influenza vaccination. Therefore, mass vaccination will create health care demands for education, vaccine

administration, and evaluation of adverse events will place additional demand upon the health care system.

The Arizona Immunization Program Office has always designated one person to receive the Vaccine Adverse Event Reports for the state for the existing childhood vaccine program. This person is responsible for keeping providers informed of the Vaccine Adverse Events Reporting System (VAERS), and providing forms or website to report an adverse reaction at http://vaers.hhs.gov/. The current system of reporting adverse events instructs public vaccine providers to report adverse reactions on the VAERS form and submit to the State Vaccine Safety Monitoring Coordinator. Each VAERS form is logged with a State ID number and submitted to VAERS. All private providers are instructed to submit a form or submit a report to the online VAERS.

State VAERS Coordinator Chris Lyons, MS, RN

Arizona Immunization Program Office Immunization Services Manager

602.364.3626 Lyonsm@azdhs.gov

In an influenza pandemic event, the vaccine will be purchased with federal funds; thus all prepandemic and pandemic influenza vaccine will be a publicly supplied vaccine. In an influenza pandemic, the ADHS Immunizations Program Medical Officer will be the primary point of contact for adverse events following immunization (AEFI).

Arizona Point of Contact for Pandemic Influenza AEFI:

Primary: Karen Lewis, MD

602.364.3856 lewisk@azdhs.gov

Secondary: Chris Lyons

Arizona Immunization Program Office

Immunization Services Manager

602.364.3626

Lyonsm@azdhs.gov

There will be an increased workload to evaluate all adverse reactions in a timely manner. The current turnaround time for an adverse event report is within 48 hours. Additional qualified staff will be assigned to review and process all adverse event reports in the same timely fashion. Prevaccination education, mass media education of the public and health care providers, education about locations of additional resources for patients and health care providers, and continued education of health care providers about adverse events will all be needed.

Other resources that can be provided to vaccinees will be the websites for CDC (www.cdc.gov) and ADHS (www.azdhs.gov). The ADHS hotline (602) 364-4500; (800) 314-9243 and county health departments will have a recorded message in English and Spanish about normal influenza

pandemic vaccine reactions, and when physician consultation should be sought. Another resource will be the CDC public response line [English (888) 246-2675; Spanish (888) 246-2857; TTY (866) 874-2646]. Vaccination information will also be posted on the AZ 2-1-1 website.

Serious adverse events should be evaluated quickly by a physician or in an emergency department. The vaccinee will be told to contact his/her primary care provider for evaluation and management of serious adverse events.

However, the majority of side effects will be less serious and consist of systemic complaints. The sheer numbers of people seeking information will overwhelm the regular capacity of medical offices and emergency departments. In addition, many people in Arizona do not have medical insurance and do not have a regular physician.

Each county should identify a clearly defined location where concerns about reactions or less serious adverse reactions can be evaluated. This can be either within their mass vaccination clinic or in separate off-site locations. Whenever possible, telephone triage should be used in order to minimize unnecessary use of the post-vaccination evaluation sites.

Resources that will be available for health care providers include the CDC website: www.cdc.gov; the Department's website: www.azdhs.gov; and the CDC Clinician Information Line: (877) 554-4625. There is ongoing education for clinicians to help them learn how to evaluate and manage vaccination complications.

ADHS physicians will assist in medical triage for vaccination clinics, answering questions from clinicians about adverse events to influenza pandemic vaccine, and coordinate any follow-up.

Use of Emergency Use Authorization or Investigational New Drug Protocols

It is likely the use of the influenza pandemic vaccine will be without the FDA licensure. The Emergency Use Authorization (EUA) permits the FDA Commissioner to allow medical countermeasures to be used in an emergency to diagnose, treat, or prevent serious or life-threatening diseases where there are no adequate, approved, and available alternatives. The influenza pandemic vaccine may be authorized by the FDA Commissioner under the EUA. The draft guidance on EUA can be found at http://www.fda.gov/oc/guidance/emergencyuse.html

Another protocol may be used by the FDA called the Investigational New Drug Protocol. Information on this protocol can be found at http://www.fda.gov/cber/ind/indpubs.htm

Testing and Exercising Mass Vaccination Plans

2008 Measles

In recent events, the 2008 measles outbreak in southern Arizona tested several capacities of the public health infrastructure within the state and indirectly tested multiple components of the pandemic influenza operational plan.

This event tested the State's Immunization Programs infrastructure to respond to these activities:

- Procuring MMR vaccine through the CDC vaccine contract for children and adults within the contract restrictions
- Assessing and identifying the financial resources for vaccine purchase in an outbreak
- Distributing vaccine to outbreak area within one day and throughout the outbreak period
- Assessing existing MMR vaccine inventories within the state and local jurisdictions.

2007 CRA Exercise

Arizona participated in the 2007 CRA exercise to evaluate the state's capability to track the number of administered doses and report the aggregate data to CDC within 48 hours of immunization clinic. Arizona successfully completed the 2007 CRA exercise according to CDC. The 2007 CRA exercise enrolled the pilot site, Mohave County Health Department, to test the submission of clinic data within 48 hours to CDC. This exercise used ASIIS to collect data and submission to CDC using Option 1, a pipe-delimited text file of the aggregated data.

This exercise used ASIIS to collect the influenza immunization data and to aggregate the results into a pipe-delimited text file (Option 1) for transmission to CDC CRA.

This exercise demonstrated the need for rapid data entry into a Mass Immunizations application. The lack of an internet connection and/or component and quick data entry staff would have jeopardized the successful completion of this exercise. In a larger-scale exercise, the need to perform rapid data entry to ensure transmittal to CDC CRA within a short turnaround is vital. The exercise also indicated a need for an automated process to aggregate the data and automatically transmit the files to CDC CRA.

2008 CRA Exercise

Arizona will participate in the more extensive exercise during the 2008 influenza season as part of the 2008 Pandemic Influenza Vaccine Administration Exercise. The 2008 CRA exercise will involve each of the Cities Readiness Initiative (CRI) metropolitan statistical areas and equal number of non-CRI venues. The CRIs in Arizona fall within the jurisdictions of two (2) county health departments. The cities of Phoenix, Mesa, and Scottsdale are within the jurisdiction of Maricopa and Pinal Counties which are served by Maricopa County Health Department and Pinal County Health Department. Pima County has volunteered to participate as one of the non-CRI venues which is served by Pima County Health Department and contains the city of Tucson. Another non-CRI site is currently under determination in coordination with CDC as of June 2008.

Attachment 1

Tribal Population Characteristics*

There are 21 federally recognized American Indian tribes in Arizona. Over 250,000 American Indians make up Arizona's population (2000 Census).

There was an increase of 15.3% of American Indians (142,113 to 163,799) living on the reservation between 1990 and 2000. Of the 21 tribes, the Navajo had the highest reservation number increase between 1990 and 2000 (13,588), and the Hopi had the highest number of decrease (-426). The Maricopa (Ak Chin) had the largest reservation percentage increase (63.7%), and the Hopi had the largest percentage decrease (-6.0%) during the decade. The U.S. Census reported that 37 percent of Arizona's American Indians lived off-reservation in 2000.

IHS services are provided directly and through tribal and urban contracts, as well as partnerships (MOU/MOA) with other federal agencies, universities, foundations, and corporate entities. Health services also include health care purchased from more than 2,000 private providers. Through Public Law 93-638 Self-determination contracts, the tribal health programs also provide comprehensive preventive and curative services. 638 refers to an agreement which states that tribes can operate part or all of their health program, including hospitals and clinics, under a P.L. 93-638 Indian Self-determination contract (Title I) or self-governance compact (Title III). Most Arizona tribes operate part(s) of their health program. Currently, there is one tribal nation in Arizona – the Gila River Indian Community – which administers their entire health care program, and the Navajo Nation has three 638 pilot sites. All hospitals operated by the IHS and tribal programs are accredited by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO). The health care that most Indian people receive comes from a blend of Indian Health Service (IHS), state, local, and private providers. Unfortunately, seamless access to care is still lacking.

*Source: University of Arizona, Rural Health Office http://www.rho.arizona.edu/Resources/DataLine/Tribal%20Health/ArizonaTribalHealth.htm

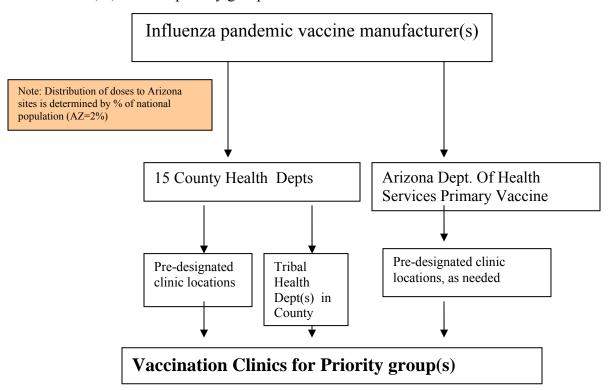
Attachment 2

Immunization Program 150 N. 18th Avenue, Suite 120 Phoenix, AZ 85007-3233 602.364.3630 Fax: 602.364.3642 602.364.3676 COUNTY COUNTY IMMUNIZATION MANAGER	Attachment 2 ADHS	ADHS Vacci	ne Controller(s)
150 N. 18th Avenue, Suite 120 Phoenix, AZ 85007-3233 602.364.3630 Fax: 602.364.3630 Fax: 602.364.3630 Fax: 602.364.3630 Fax: 602.364.3630 Fax: 602.364.3676 602.364.3676	Immunization Program	Kathy Fredrickson	Cherry Boardman
COUNTY COUNTY IMMUNIZATION MANAGER	150 N. 18 th Avenue, Suite 120		
COUNTY COUNTY IMMUNIZATION MANAGER	Phoenix, AZ 85007-3233	602.364.3630 Fax:	602.364.3642
Devonie Norman dnorman@co.apache.az.us	·	602.364.3276	
130 S. Mountain Avenue Spingerville, AZ 85938-5104	COUNTY	COUNTY IMMUN	IZATION MANAGER
Spingerville, AZ 85938-5104			
Nancy Berg nberg@co.cochise.az.us			
1415 W. Melody Lane, Bldg. A Bisbee, AZ 85603-3037	Spingerville, AZ 85938-5104		333.5761
Bisbee, AZ 85603-3037			
Coconino Co. Health			
Department			132.9479
Phone: 928.522.7927 Fax: 928.522.7922			
Flagstaff, AZ 86004-1884 Cila Co. Health Department 5515 S. Apache Ave. Idalrymp@co.gila.az.us Phone: 928.425.3189 Fax: 928.425.0794 Fax: 928.425.0794			
College		Phone: 928.522.7927 Fax: 928.5	522.7922
S515 S. Apache Ave. Globe, AZ 85501-4428			
Globe, AZ 85501-4428			
Darla Hansen Co. Health Department 826 W. Main St., Suite 2 Safford, AZ 85546-2896 Phone: 928.428.0110 Fax: 928.428.8074	· · · · · · · · · · · · · · · · · · ·		105.0704
Safford, AZ 85546-2896	· · · · · · · · · · · · · · · · · · ·		125.0794
Safford, AZ 85546-2896			
Debbie Breshears dbreshears dbreshears	,		120 0074
P.O. Box 936	· · · · · · · · · · · · · · · · · · ·		128.8074
Clifton, AZ 85533-0936			
LaPaz Co. Health Department Diana Grazier 1112 S. Joshua Ave., Suite 206 dgrazier@co.la-paz.az.us Parker, AZ 85344-5756 Phone: 928.669.6155 Fax: 928.669.6703 Maricopa Co. Health Lori Rehder Department lorirehder@mail.maricopa.gov 4041 N. Central, Suite 1400 Phone: 602.506.6662 Fax: 602.506.8444 Phoenix, AZ 85012 Gail Randolph Mariposa Community Health gairan@mariposachc.net Department) Phone: 520.375.5046 Fax: 520.281.1112 1852 N. Mastic Way Phone: 520.375.5046 Fax: 520.281.1112 Mohave Co. Health Department Lisa Hatchell Lisa.hatchell@co.mohave.az.us Phone: 928.753.0748 x 4168 Fax: 928.753.0777			265 4417 or 1020
1112 S. Joshua Ave., Suite 206 Parker, AZ 85344-5756			503.4417 01 1727
Parker, AZ 85344-5756			
Maricopa Co. Health Department 4041 N. Central, Suite 1400 Phoenix, AZ 85012 Mariposa Community Health Center (Santa Cruz Co. Health Department) 1852 N. Mastic Way Nogales, AZ 85621-1063 Mohave Co. Health Department P.O. Box 7000 Kingman, AZ 86402-7000 Maricopa Co. Health Cori Rehder Iorirehder@mail.maricopa.gov Phone: 602.506.6662 Fax: 602.506.8444 Gail Randolph gairan@mariposachc.net Phone: 520.375.5046 Fax: 520.281.1112 Lisa Hatchell Lisa Hatchell Lisa.hatchell@co.mohave.az.us Phone: 928.753.0748 x 4168 Fax: 928.753.0777			669 6703
Department	ŕ		,0,0,0,0
A041 N. Central, Suite 1400 Phone: 602.506.6662 Fax: 602.506.8444			
Phoenix, AZ 85012 Mariposa Community Health Center (Santa Cruz Co. Health Department) 1852 N. Mastic Way Nogales, AZ 85621-1063 Mohave Co. Health Department P.O. Box 7000 Kingman, AZ 86402-7000 Phone: 928.753.0748 x 4168 Fax: 928.753.0777			506.8444
Center (Santa Cruz Co. Health Department) gairan@mariposachc.net 1852 N. Mastic Way Nogales, AZ 85621-1063 Phone: 520.375.5046 Fax: 520.281.1112 Mohave Co. Health Department P.O. Box 7000 Kingman, AZ 86402-7000 Lisa Hatchell Lisa.hatchell@co.mohave.az.us Phone: 928.753.0748 x 4168 Fax: 928.753.0777			
Phone: 520.375.5046 Fax: 520.281.1112	Mariposa Community Health	Gail Randolph	
1852 N. Mastic Way Nogales, AZ 85621-1063 Mohave Co. Health Department Lisa Hatchell P.O. Box 7000 Lisa.hatchell@co.mohave.az.us Kingman, AZ 86402-7000 Phone: 928.753.0748 x 4168 Fax: 928.753.0777	Center (Santa Cruz Co. Health		
Mohave Co. Health Department Lisa Hatchell P.O. Box 7000 Lisa.hatchell@co.mohave.az.us Kingman, AZ 86402-7000 Phone: 928.753.0748 x 4168 Fax: 928.753.0777		Phone: 520.375.5046 Fax: 520.2	281.1112
Mohave Co. Health Department Lisa Hatchell P.O. Box 7000 Lisa.hatchell@co.mohave.az.us Kingman, AZ 86402-7000 Phone: 928.753.0748 x 4168 Fax: 928.753.0777	I		
P.O. Box 7000 <u>Lisa.hatchell@co.mohave.az.us</u> Kingman, AZ 86402-7000 Phone: 928.753.0748 x 4168 Fax: 928.753.0777			
Kingman, AZ 86402-7000 Phone: 928.753.0748 x 4168 Fax: 928.753.0777			
			000 752 0777
Novono L'o IIII Novono a District I Illus and Adalan			X: 928./53.0///
	Navajo Co. PH Services District	Tracy Letcher	
251 N. Penrod Rd., Suite 1 <u>Tracy.letcher@co.navajo.az.us</u>			522 (054
Show Low, AZ 85901-9528 Phone: 928.532.6050 Fax: 928.532.6054			034.0034
Pima Co. Health Department 150 W. Congress Street Edmee Botwright ebotwright@pima.gov			
Tucson, AZ 85701-1333 Phone: 520.740.8315 Fax: 520.791.0366			791 0366
Pinal Co. Health Department Cathy Heet			71.0300
P.O. Box 2945 Cathy.heet@co.pinal.az.us			
Florence, AZ 85232-2945 Phone: 520.866.7309 Fax: 520.866.7490			366.7490
Yavapai Co. Comm. Health Michele Pearson			
Services Michele.pearson@co.yavapai.az.us			
3212 N. Windsong Dr. Phone: 928.583.1017 Fax: 928.771.3379			

Prescott Valley, AZ 86314-2254	
Yuma Co. Health Department	Kathy Jacobson
2200 W. 28 th St.	Kathy.jacobson@co.yuma.az.us
Yuma, AZ 85364-6935	Phone: 928.317.4559 Fax: 928.317.4560

Attachment 3

Arizona Influenza Vaccine Distribution Plan For Tiers 1, 2, and 3 of priority groups



Attachment 4 Statewide Immunization Refrigerator Capacity for Arizona

PIN	Provider	Refrigerator Capacity (Doses In Syringes)	Refrigerator Capacity (Doses In Vials)	Generator (Yes or No)	Alarm System (Yes or No)
000001	ARIZONA IMMUNIZATION PROGRAM	7,710	108,000	Yes	Yes
000010	NAVAJO CTY PUBLIC HEALTH SVCS	13,890	194,400	No	No
0001	APACHE COUNTY HEALTH DEPARTMENT	4,630	64,800	No	No
0002	COCHISE COUNTY HEALTH DEPT-BISBEE	4,630	64,800	Yes	Yes
	COCONINO COUNTY HEALTH				
0003	DEPARTMENT	7,710	108,000	Yes	Yes
0004	GILA COUNTY DIVISION OF HEALTH	7,710	108,000	Yes	Yes
0005	GRAHAM COUNTY HEALTH DEPARTMENT GREENLEE COUNTY HEALTH	4,630	64,800	Yes	No
0006	DEPARTMENT	560	7,860	Yes	Yes
0007	LA PAZ COUNTY HEALTH DEPARTMENT	4,630	64,800	No	No
8000	MARICOPA COUNTY PUBLIC HEALTH-CHN MOHAVE COUNTY DEPT OF PUBLIC	33,940	453,600	Yes	Yes
0009	HEALTH MOHAVE CTY HEALTH DEPT-LAKE	21,600	302,400	Yes	Yes
0009A	HAVASU	9,260	129,600	No	Yes
0009B	MOHAVE CTY HLTH DEPT-BULLHEAD CITY MOHAVE COUNTY DEPT OF PUBLIC	9,260	129,600	Yes	Yes
0009C	HEALTH	4,630	64,800	No	No
0011	PIMA COUNTY HEALTH DEPT-MAIN	7,710	108,000	Yes	Yes
0012	PINAL CTY HEALTH DEPT - COOLIDGE	2,470	34,560	No	No
0013	YAVAPAI COUNTY COMM HLTH SVCS	2,315	32,400	Yes	Yes
0014	YAVAPAI COUNTY COMM HLTH SVCS (PV)	4,630	64,800	Yes	Yes
0015	YUMA COUNTY PUBLIC HEALTH SERVICES	13,890	194,400	Yes	Yes
0024	NATIVE AMERICAN COMMUNITY HLTH CTR	4,630	64,800	No	No
0028	NATIVE AMER. FOR COMMUNITY ACTION	1,852	25,920	No	No
0033	CHINLE COMPREHENSIVE HC FACILITY	7,710	108,000	Yes	Yes
0034	FORT DEFIANCE INDIAN HOSP-PEDIATRIC	1,230	17,280	Yes	Yes
0036	INSCRIPTION HOUSE HEALTH CENTER	4,120	56,170	Yes	No
0037	TUBA CITY REGIONAL HEALTH CARE	4,630	64,800	Yes	Yes
0038	WINSLOW INDIAN HEALTH CARE CLINIC	1,930	27,000	Yes	No
0038A	WINSLOW INDIAN HLTH CARE CTR-LEUPP	2,470	34,560	Yes	No
0038B	WINSLOW INDIAN HLTH CARE CTR-DILKON	4,630	64,800	Yes	No
0039	PARKER INDIAN HLTH SERVICE HOSPITAL	1,542	21,600	Yes	Yes
0040	PEACH SPRINGS INDIAN HEALTH CENTER	4,630	64,800	No	No
0041	WASSAJA MEMORIAL HEALTH CENTER	2,470	34,560	Yes	No
0043	HOPI HEALTH CARE CENTER	615	8,640	Yes	Yes
0044	PHOENIX INDIAN MEDICAL CENTER	32,390	453,600	Yes	Yes
0044A	SALT RIVER HEALTH CENTER	5,150	72,140	Yes	No
0045	HU HU KAM MEMORIAL HOSPITAL	4,630	64,800	Yes	No
0046	SAN CARLOS INDIAN HOSPITAL	620	8,640	Yes	Yes
0047	WHITERIVER INDIAN HOSPITAL	16,970	237,600	No	Yes
0048	SELLS INDIAN HOSPITAL	5,030	51,960	Yes	No
0057	BYLAS HEALTH CENTER	4,630	64,800	Yes	Yes
0076	YAVAPAI COUNTY SPECIAL PROGRAMS CHIRACAHUA COMMUNITY HEALTH	4,630	64,800	No	No
0084	CENTER	4,630	64,800	Yes	Yes

0085	GILA CROSSING CLINIC	4,630	64,800	Yes	No
0102	SAN XAVIER PHS INDIAN HEALTH CENTER	2,470	34,560	No	No
0105	GILA COUNTY HEALTH DEPT-PAYSON	3,473	48,600	No	No
0106	COCHISE CO HEALTH DEPT- SIERRA VIST	4,630	64,800	No	No
0110	COCHISE COUNTY HEALTH DEPARTMENT	3,085	43,200	Yes	No
0112	PINAL CTY HEALTH DEPT - APACHE JUNC	4,630	64,800	Yes	Yes
0113	PINAL COUNTY HEALTH DEPT - CASA GRA	4,630	64,800	Yes	Yes
0114	PINAL CTY HEALTH DEPT - ELOY	3,470	48,600	No	No
0115	PINAL CTY HEALTH DEPT - FLORENCE	4,630	64,800	No	No
0116	PINAL COUNTY HEALTH DEPT - KEARNY	2,470	34,560	No	No
0117	PINAL CTY HEALTH DEPT - MAMMOTH	2,470	34,560	No	No
0119	COCHISE CTY HEALTH DEPT-BENSON YAVAPAI COUNTY COMM HEALTH	2,470	34,560	No	No
0120	SERVICES	9,260	129,600	No	Yes
0122	SANTA ROSA HEALTH CENTER	5,150	64,800	No	No
0123	PIMA COUNTY HLTH DEPT-GREEN VALLEY	4,630	64,800	No	No
0124	PIMA COUNTY HEALTH DEPARTMENT	4,630	64,800	No	No
0155	GREENLEE CTY HLTH DEPT-DUNCAN	2,470	34,560	No	No
0163	KAYENTA HEALTH CLINIC-IHS	10,820	151,620	Yes	Yes
0164	NAVAJO COUNTY PUBLIC HEALTH SVCS	4,630	64,800	No	No
0165	NAVAJO COUNTY PUBLIC HEALTH SVCS	4,630	64,800	No	No
0171	COCHISE CTY HEALTH DEPT-DOUGLAS	4,630	64,800	No	No
0176	PIMA COUNTY HEALTH DEPT-SOUTH	5,860	82,080	No	No
0177	PIMA COUNTY HEALTH DEPT - EAST	4,630	64,800	No	No
0178	PIMA COUNTY HEALTH DEPT-NORTH	9,260	129,600	No	No
0191	PINON HEALTH CENTER	3,700	26,784	Yes	Yes
0192	TSAILE INDIAN HEALTH CENTER	2,465	34,560	Yes	Yes
0196	MARICOPA COUNTY HEALTH-REFUGEE	4,630	64,800	No	Yes
0210	CHIRICAHUA COMM. HEALTH CENTER, INC	4,630	64,800	No	No
0231	CHIRICAHUA COMMUNITY HLTH CTR, INC	4,630	64,800	No	Yes
0237	CHILCHINBETO HEALTH CLINIC	4,630	64,800	No	Yes
0239	FORT MOHAVE INDIAN HEALTH CENTER	520	7,340	No	No
0242	SUPAI INDIAN HEALTH CENTER	4,630	64,800	Yes	No

Arizona Department of Health Services

Attachment 5

Flu Vaccination Exercise MANIFEST/CHAIN OF CUSTODY

Final Destination Address:

Quantity Sent	Description	Manufacturer	Lot No.
	Vials of 10-Dose Flu Vaccine		
	Immunization Administration Records		
	Copy of VIS (English and Spanish)		
	Re-packaging Instructions		

Quantity	Description	Manufacturer	Lot No.
Returned			
	Vials of 10-Dose Flu Vaccine		
	Original Immunization Administration Records		

Relinquished By:		Temp Within	Received By:		Temp Within	Date/	Comments
(Signature)	(Print Name)	Range	(Signature)	(Print Name)	Range	Time	
		ΥN			ΥN		
		ΥN			ΥN		
		ΥN			ΥN		
		ΥN			ΥN		
		ΥN			ΥN		

Attachment 6 Seasonal Influenza Vaccine Order Form



Influenza Vaccine Order and Reporting Form 2008 – 2009

Influenza Order Fax to 602-364-3276

Arizona Immunization Program Office
Vaccine Center, Vaccines For Children (VFC) Program
Voice: (602) 364-3642 FAX: (602) 364-3276

Practice/Provider name:		Phone &	area code:	Date submitted:	PIN	
Name of person submitt	ing form:	Fax & A	rea code:	Date logs begin:	Date logs	end:
Vaccine Name	Doses Administe d	Doses on Hand		nufacturer/Choice in the box of your choice		Doses Requested
			□ Canofi Postour Fluze	one® 0.25 mL single dose	gyringo	

Vaccine Name	Administere d	Hand	Place an X in the box of your choice	Requested
			□ Sanofi Pasteur - Fluzone® 0.25 mL single-dose syringe	
Influenza Ages 6 months through 35 months				
			☐ Sanofi Pasteur - Fluzone® 0.5 mL single-dose vial	
Influenza Ages 3 through 18 years			☐ Sanofi Pasteur - Fluzone® 0.5 mL single-dose syringe	
			☐ Sanofi Pasteur - Fluzone® 5.0 mL Multi-dose vial	
			☐ Chiron - Fluvirin TM 0.5 mL single dose syringe	
Influenza				
Ages 4 through 18 years				
Influenza-Live Ages 5 yrs – 18 yrs			☐ MedImmune - FluMist TM 0.5 mL single-dose sprayer	

For ADHS Office Use Only
Date Received:
Reviewed by:
Date Approved:

Attachment 7 Pandemic Influenza Vaccine Accountability Form

Influenza Pandemic Clinic for period of								
Provider Name:					-	Pin #		
Total influenza pandemic vaccine doses administered by age groups: Children 0-18 Years of age								
			roups	Tier groups				
Dose #	TOTAL		3yr-18yr	1	2	3	4	5
Dose 1			-					
Dose 2								
Unknown								
Totals								
Adults 19+ Years of age								
		Age G	roups			Tier gr	oups	
Dose #	TOTAL	19-64yrs	65+	1	2	3	4	5
Dose 1								
Dose 2								
Unknown								
Totals								

	Influenza Vaccine Inventory Accountability							
			С	linics	1			
Lot#	Starting Inventory	POD#	POD#	POD#	POD#	POD#	Estimated Inventory	Actual Inventory
Example 1	500	20	200	0	250	30	500	499
Example 2	100	10	15	0	55	20	100	100
TOTAL	600	30	215	0	305	50	600	599

Appendix B.7 Provide Healthcare

Community-Wide Healthcare Coalitions

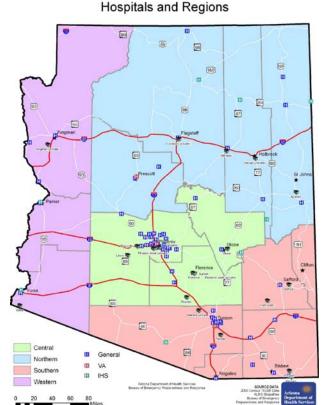
The Arizona Department of Health Services (ADHS) has the responsibility for projecting health resource needs in the event of a major health-related emergency and for allocating scarce resources to meet those needs. The four Region Public Health Preparedness Coordinating Committees are designed to assist ADHS in managing resource allocation within their area. This arrangement establishes a more effective span of control for Arizona, with only a few regions rather than multiple individual facilities, reporting data and resource needs. It also allows for plans to consolidate inventories of supplies, epidemiological data, medical response, communications, and command and control. These intrastate regional coalitions will be incorporated into regional multi-agency coordination planning and response.

The State's four Region Public Health Preparedness Committees meet on a quarterly basis and membership includes all 71 acute care hospitals, all 76 community health clinics, 15 county health departments, 17 Tribes, the Inter-Tribal Council of Arizona, Arizona Hospital and Healthcare Association, County Emergency Managers, the four Metropolitan Medical Response System (MMRS) cities, and the three Indian Health Services area offices. Meetings provide a forum for ADHS to update the groups on the Centers for Disease Control (CDC) Cooperative Agreement and Hospital Preparedness Program (HPP) grant activities, discussion on medical surge through the Surge Subcommittees, and related planning and response activities and issues.

ADHS Response Roles and Responsibilities

As an agency that receives federal funding, ADHS incorporates elements of the National Incident Management System (NIMS) into its emergency response plan. The plan is compliant with NIMS. ADHS' response structure is the Public Health Incident Management System (PHIMS). It is an incident

command system (ICS) that provides for the integration of various programs' activities into a cohesive response for an emergency.



Under Emergency Support Function (ESF) #8, in the State Emergency Response and Recovery Plan (SERRP), ADHS is designated the primary agency to provide health and medical services and for coordination of state plans and programs for public health activities during emergencies and/or disasters. As ADHS is a primary agency for Health and Medical Services, it will serve under the State Coordinating Officer in accomplishing its emergency support functions under

ESF #8. The Arizona Division of Emergency Management (ADEM) coordinates statewide emergency response and recovery efforts through the State Emergency Operations Center (SEOC). ADHS is included in the SEOC when a State of Emergency, as declared by the Governor, may have public health consequences.

Medical Surge

ADHS has the responsibility for projecting health resource needs in the event of a major health-related emergency and for allocating scarce resources to meet those needs. The four Region Public Health Preparedness Coordinating Committees are designed to assist ADHS in managing resource allocation within their area. This arrangement establishes a more effective span of control for Arizona, with only a few regions rather than multiple individual facilities, reporting data and resource needs. It also allows for plans to consolidate inventories of supplies, epidemiological data, medical response, communications, and command and control. These intrastate regional coalitions will be incorporated into regional multi-agency coordination planning and response.

ADHS is using a six-tier system for medical surge capacity and capability consistent with the Health and Human Services (HHS) model. The Surge Subcommittees are using the six tier system and examining on and off campus medical surge capabilities and capacities. Medical surge capacity is now including fatality management planning for hospitals in case the mortuary affairs system is overloaded and hospitals may have to retain remains of patients for several days before transportation agencies can pick them up. A State draft medical surge capacity and capability plan has been developed and work is in progress with the Surge Subcommittees in identifying primary issues and gaps.

Work is continuing on adopting and developing regional hospital Memoranda of Understanding (MOU) for other healthcare facilities which incorporate the roles of county emergency management, local public health and MMRS.

ADHS has increased the State's ability to provide care outside of the hospital or healthcare system. ADHS purchased four mobile medical sheltering systems. One system will be housed in each of Arizona's MMRS cities (Phoenix, Mesa, Glendale, and Tucson). These assets function as triage areas or medical holding facilities for less serious patients until transport can be made to a definitive healthcare facility. The mobile medical asset program:

- Provides medical care to the level permitted for paramedics functioning in the Emergency Medical System;
- Partners with agencies such as the Medical Reserve Corps (MRC), Disaster Medical Assistance Teams (DMAT) and Community Emergency Response Team (CERT) to provide the necessary staffing;
- Includes caches of medical equipment and supplies that are strategically located for rapid deployment.

Each system functions as a self-contained unit and consists of the following: surge tent, power generator, lighting, environmental control unit that provides heat and air conditioning, and 30 heavy-duty, hospital level patient gurneys.

Through written MOUs, each MMRS city has the ability to deploy the system during major events without the participation of ADHS. These systems can be deployed for major events such as the Super Bowl, Country Thunder, Tempe Town Lake events, etc. Each MMRS city is responsible for general maintenance and upkeep of the system and to ensure proficiency in deployment and use. Training is provided by mobile medical sheltering systems representatives.

Regional caches will be constructed and maintained in the four preparedness regions in Arizona. Cache locations of medical equipment and supplies for distribution regionally have been determined by the hazard and vulnerability assessment. These regional caches consist of cots, ventilators, multilators and other medical supplies to care for patients with acute infectious disease, nerve agent exposure, burn or trauma and radiation induced injury. Additional items added to the caches include medical surge supplies, equipment, additional first receiver patient decontamination personal protective equipment (PPE), and supplies to support response efforts until other state and federal assets are available. The regional caches will support medical needs of both first responders and victims of a disaster within Arizona and regional mutual aid partners.

The cache initiative will help to reduce uncontrolled patient flow to local hospitals and their respective emergency departments. Depending upon the nature of the event, a deployment of medical care may be located at an existing healthcare site to augment overwhelmed local services. Similarly, the cache could be deployed to support the delivery of care at a mass care shelter.

Availability of a rapidly deployable cache will also enable a team of providers to deliver care at a disaster site if required by the Incident Commander in support of the MMRS Statewide Mutual Aid plan and the Rapid Response Teams (RRT). With the regional cache, local and regional agencies can augment MMRS and RRT provisions of medical care to first responders and victims on-site, medical triage, medical management of a holding area, and the delivery of first aid/basic health care.

Additional medical surge activities include:

- Expanding participation in the grant to include specialty hospitals, outpatient surgical centers, and urgent care centers.
- Establishing MMRS caches of shelters, medical equipment, and supplies, and ventilators for regional distribution through Arizona ESF #8 MMRS State Mutual Aid Plan.
- Establishing regional caches of medical equipment and supplies for sites
- Supporting local rapid response teams
- Developing regional plans for hospital and healthcare system medical surge capacity through the Surge Subcommittees
- Furthering the development of the statewide Medical Surge Capability and Capacity Plan based on regional plans
- Supporting local identification of alternate sites through application of the Potential Non-Hospital Site Analysis Matrix
- Exercising Medical Surge Capability and Capacity Plan
- Supporting exercise activities that test alternate care sites

Interoperable Communications Network between State, Public Health, Health Care Community and Other Sectors

ADHS maintains an extensive interoperable communications network among all public health and other emergency response partners within the state. In addition to the overall state communications system administered by ADEM through the SEOC, ADHS will remain the main conduit of disseminating public health related information to key state, public health, and health care community partners. Addressing the needs for this plan requires the use of all ADHS and other state-sponsored communications systems. Each of these systems will meet a critical information need, and together the information from many systems can be synthesized to provide stronger decision support. Specifically, systems will be in place to support surveillance, vaccine and pharmaceutical delivery, emergency response, and communications needs. Systems that will be utilized in these efforts are listed below:

All the systems listed below are mechanisms that were developed to achieve interoperable communication. Currently, these systems are widely utilized by public health partners throughout the state.

- <u>Health Alert Network (HAN) Messaging</u> HAN messaging is a web-based system to initiate the distribution of public health alerts. The system can distribute information by email, phone, text-pager, or fax. In addition, the system utilizes text-to-speech capability, that will read back typed information over the phone. This system is utilized for information dissemination to public health responders and stakeholders. In addition, this system supports teleconference-bridging capability for conference call meetings. The system is able to alert over three thousand people from partner agencies.
- Secure Integrated Response Electronic Notification System (SIREN) SIREN is both a system's architecture to support web-based applications (such as Medical Electronic Disease Surveillance Intelligence System (MEDSIS), HAN messaging, and email, etc.) and supports the Public Health Preparedness Portal. This portal supports secure areas for response tracking. These secure portal spaces represent a virtual emergency operations center. Similarly, the system supports a secure online collaborative portal for sharing of information between local health jurisdictions and across the Mexico border. The system currently has over 2500 users statewide.
- AZ 2-1-1 (Arizona 2-1-1 Online) AZ 2-1-1 is a web-based data repository that includes information for the public about public services and other health and human services. In addition, the system has an emergency response area that is utilized to post public emergency bulletins.
- <u>EMSystem</u> EMsystem is a web-based Application Service Provider (ASP) that consists of three modules EMResource, EMTrack, EMCredential.
 - EMResource Provides real-time communication and resource management for everyone involved in emergency medical response. Authorized users log on to a secure web site and view regional emergency department status and available hospital resources to support patient transport and transfer decision-making. This system is accessed in over one hundred locations including hospitals and 911 dispatch centers in the state.
 - o EMTrack Facilitates communications with medical response teams, family reunification, and notifies hospitals of incoming patients. EMTrack collects and

- disseminates patient information and status to on-scene responders and medical facilities. The solution tracks patients from initial assessment through disposition, including triage, treatment, and transport of patients for daily and mass casualty operations. This system includes field scanners and a wireless access point for transmission of data to the web-based application.
- o EMCredential Provides an integrated system for the advance registration and credentialing of health care professionals to support response to medical emergencies. Volunteers can register online and update their information 24/7. Administrators verify the credentials and assign emergency credential levels to volunteers. Authorized users can easily and quickly identify and mobilized health care volunteers, with the appropriate credentials, to assist during an emergency event. This system can facilitates mutual aid of volunteer resources across State lines.
- MEDSIS (Medical Electronic Disease Surveillance Intelligence System) MEDSIS is a
 web-based application to electronically capture and analyze disease information from
 Arizona hospitals and clinical laboratories. MEDSIS is a statewide system hosted and
 supported by the ADHS for use by local health departments, and individuals and
 institutions responsible for reporting communicable diseases. Participating institutions
 will electronically transmit disease information to MEDSIS. When completed, MEDSIS
 will be linked to numerous other data sources including other surveillance data sources.
- <u>Public Health Information Line (PHIL)</u> State health public information officers (PIO) and the Bureau of Emergency Preparedness and Response are responsible for coordinating the scripting and activation of the State Public Health hotline. Information will be available to callers in other languages if needed on a 24-hour basis.
- <u>Satellite communications redundancy</u> Currently, Hospitals, Urgent Care Centers, Emergency Medical Services, and Public Health have many forms of satellite communication. A project 168 locations throughout the state to have redundant internet service from satellite systems. Satellite phones are also in place at all hospitals.
- 800 Megahertz Radio System ADHS entered into an agreement with the Phoenix Fire Department to develop and maintain a backup hospital communications plan. Using the Phoenix Wireless Regional Network (PWRN), each hospital has been equipped with a radio transmitter and desk set that allows communications on the PWRN 800 MHz Network. 5 channels have been designated as Medical Channels, and have the capability to be encrypted to provide confidential communications. The system has been designed to allow not only Medical Patching, but also to enable a hospital to be interoperable with local emergency response agencies during planned events, and major incidents. The system is online, and will require frequent testing and use for the Hospital Staff, Deployment Staff, and Operations Staff to become proficient with its use.

Addressing Concerns and Needs of At-Risk Individuals or Populations

All 15 Arizona County Public Health Departments are currently charged within the FY 2007-2008 scope of work to 1) Identify community partners involved with special needs populations and develop a county/regional planning committee to address special needs populations in collaboration with public health partners including local emergency management and homeland security agencies. 2) Identify local/regional resources to meet special population needs. 3)

Identify 2 or 3 high priority special needs populations based on local data and develop a preevent, event and post-event communication plan and 4) Include components of special needs communication plans in at least one response exercise. As of April 2008, all Counties are involved in at least one working group to identify avenues with which to employ risk communication measures for special needs populations within their community. In Addition, 60% of Arizona County Public Health Departments have submitted draft risk communication plans for vulnerable populations in their communities to ADHS. For example, Greenlee and Graham Counties have worked with their Area Agency on Aging contacts and have provided hands-on workshops for the elderly in the community to develop their own personal preparedness plans.

As indicated previously, county public health departments are tasked with prioritizing at least three special populations within their communities with which to initiate planning. The following populations are not listed in the order of priority, but rather in order of those most frequently mentioned as being targeted among the 15 counties.

- Non-English speaking
- Disabled/Impaired Mobility
- Rural/Geographically Isolated/Homebound
- Elderly
- Sensory and Cognitive Impairment
- Children/Under 18
- Homeless

The 2005 ADHS Demographics and Effective Risk Communication Research Report, http://www.azdhs.gov/phs/edc/edrp/es/pdf/adhsspecialpopstudy.pdf

provides a framework for the county public health departments to begin designing their own risk communication plans for their unique circumstances and residents within their community. At a state level, the Arizona Department of Health Services routinely sends out various Health Alerts to its public health stakeholders and is also accustomed to addressing the health and medical needs of those considered to be at-risk for varying reasons. County public health departments also have the capability of sending out Health Alerts to their partners. Local planning involves interaction with Non-Governmental Organizations (NGOs) who provide services to at-risk populations and sharing of contact information to utilize during a public health emergency.

Guidance on Infection Control Measures for Health Care and Non-Health Care Settings

In conjunction with local health departments, the ADHS Office of Infectious Diseases communicates infection control measures and other educational material to individuals and departments within hospitals, clinics, and other healthcare facilities in Arizona. During a pandemic influenza event, ADHS staff and physician consultants will assist in developing messages regarding specific infection control measures. Additionally, the ADHS Pandemic Influenza Response Plan dated June 2006 provides extensive guidance on infection control for pandemic influenza (http://www.azdhs.gov/pandemicflu/pandemic_flu_plan.htm). This plan addresses infection control in health care settings and includes the following topics:

- Basic infection control principles
- Management of infectious patients

- Infection control practices for health care personnel
- Occupational health issues
- Reducing exposure of persons at high risk for complications of influenza
- Specific guidance for the health care setting
- Care of pandemic influenza patients in the home
- Care of pandemic influenza patients at alternative sites

The ADHS Pandemic Influenza Response Plan also addresses infection control measures in non-health care settings such as schools, workplaces, and within the community setting.

Reporting Available Beds

ADHS will utilize the functionality, EMResource, within the EMSystem to facilitate reporting of available hospital beds. The EMSystem is a web-based application which links hospitals, centralized communications centers, local health departments, emergency medical services, urgent care centers, emergency management, Indian Health Services, tribal facilities, and public safety together across Arizona to share information about hospital diversion status, public health events, and mass causality incidents. The system is also used as a mechanism to query the hospitals about bed availability, surge capacity, and response needs. This system is accessed in over 100 locations including hospital and 911 dispatch center in the state.

ADHS has modified EMResource, which is currently in place in all Hospital Preparedness Program Grant participating hospitals in Arizona to:

- Report aggregate State level data to the HHS Secretary's Operation Center (SOC) no more often than twice daily when requested
- Provide hospital identification information, such as hospital name, name of chief administrator, address, telephone number, and county
- Report on the following categories as defined in the HHS HAvBED system:
 - o Staffed Vacant/Available Bed Count:
 - Intensive Care Unit (ICU)
 - Medical and Surgical (Med/Surge)
 - Burn Care
 - Peds ICU
 - Pediatrics (Peds)
 - Psychiatric (Psych)
 - Emergency Department (ED)
 - Negative Pressure Isolation
 - Operating Rooms
 - o Emergency Department Divert Status
 - o Decontamination Facility Available
 - Ventilators Available

To accomplish the HAvBED bed tracking, ADHS will be utilizing the current statewide web based system, EMResource. A method for the HAvBED bed tracking has been built into the current EMResource web based system. When requested, EMResource will poll the facilities for all the above mentioned categories and will require a response from each facility. Pagers will be

provided to the personnel identified to report the HAvBED information in the two hour time frame.

Deploying and Tracking Volunteer Health Care Providers

ADHS is in the process of implementing a statewide Emergency System for the Advanced Registration of Volunteer Health Professionals (AZ-ESAR-VHP). This system will aid in the utilization of volunteer health professionals (VHPs) during a public health emergency response or to meet medical surge capacity needs.

The objective is to provide an efficient method to identify, register and approve VHPs into the State's volunteer base. The system is used identify professional affiliations, verify licensure and credential the volunteers. Once in the system, they will be provided training, mission activation, and deployment orders when necessary and appropriate. All of this will be done within federal and state credentialing and verification standards.

The Arizona ESAR-VHP technical platform is located within the EMCredential module of EMsystem. This is a secure, web-based credentialing application accessible to health care volunteers, system administrators and incident commanders. Volunteers can register online and update their information 24/7. Administrators verify the credentials and assign emergency credential levels to volunteers. Authorized users can easily and quickly identify and mobilize appropriately credentialed VHPs to assist during an emergency event.

During a public health emergency requiring the use of VHPs, a request will come into the State Emergency Operations Center requesting volunteers. An authorized and trained AZ-ESAR-VHP user will query the system and generate a list of potential volunteers within two hours of notification. These volunteers will be alerted, via SIREN, to generate a list of those willing to respond to the event. Within 12 hours of the initial request, this list will be available with the names, qualifications, credentials, and credential levels of all willing volunteers. Within 24 hours of the initial request, a verified list of volunteers will be available.

The tracking of volunteers will be accomplished at two levels. The first level responsibility for tracking of VHPs lies within the SEOC. Since this is the operational structure which deploys these volunteers, the ADHS representative at the SEOC will maintain a list within the AZ-ESAR-VHP system of all deployed volunteers, the jurisdiction of deployment and the assigned professional responsibility. The second level of tracking lies within the jurisdiction receiving the volunteers. Each receiving jurisdiction is responsible for updating the system to ensure the most current information on the usage and location of the volunteers is entered into the system.

AZ-ESAR-VHP interfaces and is interoperable with all other County and State volunteer registry systems/solutions currently utilized in Arizona. It supports the free exchange of data on volunteers, projects and agencies that manage volunteers. This interchange will be handled securely and with regards to HIPAA needs for confidentiality. The system meets all compliance requirements as set forth by the US Department of Health and Human Services Hospital Preparedness Program.

Procedures to Ensure Ethical Distribution of Scarce Medical Resources

ADHS has the responsibility for projecting health resource needs in the event of a major health-related emergency and for allocating scarce resources to meet those needs. The four Region Public Health Preparedness Coordinating Committees are designed to assist ADHS in managing resource allocation within their area. This arrangement establishes a more effective span of control for Arizona, with only a few regions rather than multiple individual facilities, reporting data and resource needs. It also allows for plans to consolidate inventories of supplies, epidemiological data, medical response, communications, and command and control. These intrastate regional coalitions will be incorporated into regional multi-agency coordination planning and response.

According to Arizona Revised Statutes §36-787, during a state of emergency in which there is a pandemic disease that poses a substantial risk of a significant number of human fatalities, the Governor, in consultation with the director of the Department of Health Services, may issue orders that ration medicine and vaccines, and provide for procurement of medicines and vaccines. Under these circumstances, ADHS will take the lead to direct the prioritization of limited antiviral supplies during an influenza pandemic.

The Arizona Pandemic Influenza Response Plan dated June 2006 provides detailed descriptions of both vaccine and antiviral (for treatment and prophylaxis) priority distribution (http://www.azdhs.gov/pandemicflu/pandemic_flu_plan.htm). This plan describes how ADHS will establish a Vaccine and Antiviral Prioritization Policy Committee (VAPPC). The VAPPC will be composed of:

- Representative(s) from the Governor's Office
- State Epidemiologist
- State physician(s)
- ADHS influenza epidemiologist
- Office of Infectious Disease Services Office Chief
- ADHS Administrator(s)
- Arizona Immunization Program Office representative
- Arizona Local Health Officers Association representative
- Hospital Association representative
- Arizona Medical Association representative
- Arizona Emergency Medical Service representative
- Arizona Pharmacy Alliance representative
- Long-term care representative

The VAPPC will define how these priority groups will apply on a local level, and will define who should be included in the groups of public safety workers, essential service providers, and key governmental decision makers. During an influenza pandemic, the VAPPC will modify these groups as needed based on the availability of antiviral medicines and vaccine, the characteristics of the causative virus (e.g., drug susceptibilities, initial geographic distribution, fatality rate, age-specific morbidity and mortality rates) and the effectiveness of implemented strategies. The VAPPC will provide the rationale for establishing the priority groups so that the reasons for prioritization can be communicated to the community.

Expanding Healthcare Services into Non-Hospital/Alternate Care Sites

ADHS recognizes the need to quickly, efficiently plan, pre-establish, and locate alternate healthcare sites throughout the State when hospitals suddenly become overwhelmed by an influx of patients due to an influenza pandemic. Therefore, an Alternate Care Site (ACS) plan has been written and sent to our County, Tribal, and hospital health partners for feedback and review. The objective of establishing and implementing the ACS program is to ensure that a minimum of two ACSs have been secured in each EMS Preparedness Region; that patient equipment and administrative supplies are adequate; and that staffing resources are in place. This plan is intended to provide guidelines to assist communities as they plan how to sustain a functioning ACS following an outbreak of pandemic influenza.

ADHS is currently in the process of purchasing equipment and supplies to establish eight alternate care sites State-wide. The bulk of materials are containers called MasCacheTM Surge units, which are products designed to aid healthcare providers streamline care and be resilient during a crisis that requires emergency surge capacity. MasCacheTM products enable healthcare providers to bed, bathe, clothe and care for patients while protecting themselves in the process. The units contain enough products to care for a combination of 25 adult and pediatric patients over a 72-hour period. Other equipment to be purchased includes administrative supplies, mortuary supplies, other medical supplies such as saline and advanced life support monitors, and storage materials and handling equipment.

Permission to activate current MOUs already in place under the ADHS Strategic National Stockpile (SNS) Plan has been given if it becomes necessary to launch the ACSs. This information is restricted to ADHS personnel only. MOUs have been established with several agencies, companies, and organizations to provide support for the following:

- Alternate warehousing and mass shelter
- Aviation transportation
- Bus transportation
- Care and feeding
- Mobile refueling and sanitation
- Moving and storage
- Trucking
- Traffic safety
- Transportation
- Mass storage
- Warehouse power equipment
- Warehousing

RECOVER

Assisting the Health Care Community in Restoring Essential Staffing, Equipment, Supplies, and Pharmaceuticals

ADHS will work closely with ADEM to address recovery issues and the healthcare community. State recovery assistance, both public and individual, is coordinated from the ADEM State

Recovery Office and directed by the Recovery and Mitigation Annex (ESF 14) to the SERRP. ADEM's recovery operations include recovery assistance to public entities for the repair and restoration of damaged public facilities within a declared disaster area (Public Assistance and individual assistance. When individuals and families are impacted by an emergency or disaster in Arizona, ADEM works with a multitude of government, non-profit, volunteer and faith-based agencies/organizations to assist in recovery. ADEM's primary mission is to coordinate assistance. The intent is to maximize individual/family knowledge of and access to services/resources and assist service/benefit providers in coordinating delivery, communication, and preventing duplication of benefits. Assistance can include shelter, temporary housing, financial support, food, essential personal care needs, emergency first aid and physical / mental health support. Emergencies or disasters that occur within the State and potentially require State assistance are generally classified into three categories: (1) Local; (2) State- or Gubernatorial-declared; and (3) Presidential-declared/Incident of National Significance.

Recovery activities return a community back to normal after a disaster. The Governor may proclaim a state of emergency after a political subdivision has passed a resolution stating that an emergency exists in the jurisdiction(s) and it is above and beyond their capability. The Governor may provide Public Assistance to the affected Political Subdivision(s) of the state (counties, cities, towns, state agencies). The Governor has an annual Emergency Fund of \$4 million dollars to cover the costs of emergencies and disasters. The ADEM Recovery Section administers this fund. The American Red Cross provides assistance to individuals and households. ADEM recovery teams are composed of representatives of state, local and federal agencies as well as service organizations and other groups who coordinate disaster relief and recovery activities.

In some cases, a disaster is beyond the capability of the State and local governments. When that is the case, the Governor will request federal assistance from the Federal Emergency Management Agency (FEMA) through the President of the United States. The Robert T. Stafford Disaster Relief and Emergency Assistance Act, Public Law 93-288, as amended (the Stafford Act) was enacted to support State and local governments and their citizens when disasters overwhelm them. During a Presidential disaster declaration the state may receive Public Assistance, Individual Assistance (for citizens) and/or Mitigation Assistance.

Assistance to individuals, households and families may be delivered by both government and non-government organizations from Individual Assistance Service Centers (IASC) established within the affected area at the discretion of the Director, ADEM.

The SEOC will coordinate all requests for state support and/or assistance during recovery operations. In the event of a Presidential Declaration of Emergency or Major Disaster, the Governor's Authorized Representative (GAR), ADEM Director, and/or the State Coordinating Officer (SCO) will represent the state in coordination with the assigned Federal Coordinating Officer (FCO).

Administration of state and federal disaster assistance will be in accordance with:

- ARS §26.301 through 318, Emergency Management
- ARS §35-192, Fiscal Procedures, Controls and Reports

- Arizona Administrative Code (AAC) R8-2-301 through 321, Governor's Emergency Fund
- Governor's Executive Order Number 79-4
- ARS §26.401, Emergency Management Assistance Compact
- State of Arizona, Individual and Households Program Administrative Plan
- State of Arizona, Administrative Plan for Public Assistance
- ADEM, Disaster Recovery Guidebook
- ADEM, Public Assistance, Standard Operating Procedures
- Robert T. Stafford Disaster Relief and Emergency Assistance Act, Public Law 93-288, as amended by Public Law 100-707 (The Stafford Act)
- Disaster Mitigation Act of 2000, Section 322
- Post-Katrina Emergency Management Reform Act of 2006-10-03, Title VII National Emergency Management (HR5441)
- 44 CFR Emergency Management and Assistance
- OMB Circular A-87, Cost Principles for State, Local, and Indian Tribal Governments
- National Flood Insurance Act (NFIA) of 1968, Section 1323, 42 USC 4030, as amended by the Bunning-Bereuter Flood Insurance Reform Act of 2004, Public Law 108-264
- National Flood Insurance Reform Act (NFIRA) of 1994, 42 USC. 4101

The Recovery and Mitigation Annex (ESF 14) provides the coordination mechanisms for the State to:

- Assess the social and economic consequences in the impacted area and coordinate State
 efforts to address long-term recovery issues resulting from an incident of statewide or
 national significance.
- Advise on the long-term recovery implications of response activities and coordinate the transition from response to recovery in field operations.
- Work with county, local, and tribal governments, non-governmental organizations (NGO) and private-sector organizations to conduct comprehensive market disruption and loss analysis and develop a market-based comprehensive long-term recovery plan for the affected area.
- Identify appropriate State, Federal programs and agencies to support implementation of the long-term recovery plan, ensure coordination, and identify gaps in resources available.
- Avoid duplication of assistance, coordinate to the extent possible program application processes and planning requirements to streamline assistance, and identify and coordinate resolution of policy and program issues.

Determine/identify responsibilities for recovery activities, and provide a vehicle to maintain continuity in program delivery among State departments and agencies, and with county, local and tribal governments and other involved parties, to ensure follow through of recovery and hazard mitigation efforts.

Restoring Essential Mental Health, Substance Abuse, and Congregate Living Services

The ADHS Division of Behavioral health Services (DBHS) is the lead agency for the development and coordination of state behavioral health emergency/disaster response plans and services. During non-emergency times, the ADHS DBHS oversees the Regional Behavioral Health Authorities (RBHAs) and Tribal Regional Behavioral Health Authorities (TRBHAs) who, through their contracted providers, provide behavioral health services for individuals qualified under Title XIX of the Social Security Act who are at or below 100% of the federal poverty level. The Division also receives state funding by appropriation of legislature for services to non-Title XIX populations per ARS §35-173 and ARS §36-502.

Arizona is divided into six regions served by four RBHAs:

- Magellan which serves Maricopa County
- Community Partnership of Southern Arizona (CPSA) which serves Pima, Graham, Greenlee, Santa Cruz, and Cochise Counties
- Northern Arizona Behavioral Health Authority (NARBHA) which serves Mohave, Coconino, Apache, Navajo, and Yavapai Counties
- Cenpatico Behavioral Health of Arizona which serves Pinal, Gila, Yuma, and La Paz Counties

There are also three TRBHAs that provide behavioral health services to the Pascua Yaqui Tribe, Gila River Indian Community, and White Mountain Apache Tribe. The Navajo Nation provides case management services and the Colorado River Indian Tribe provides prevention services.

DBHS also supports the needs of first responders and state employees who will respond to a disaster. These individuals may participate in the Critical Incident Stress Management (CISM) training offered by DBHS. First responders and state employees are also given information on how to obtain ongoing behavioral health services when needed. Additionally, state employees are given information and resource materials to assist them in caring for themselves during times of extreme stress. Employee Assistance Programs (EAP) are available for state employees.

The immediate behavioral health needs of survivors and victim's family members of a disaster are typically served by the American Red Cross, the Salvation Army, faith-based organizations, and other NGOs that are members of the state (and local chapters of) Arizona Voluntary Organizations Active in Disaster (AZVOAD). These resources are coordinated through the local and SEOC. DBHS will work in tandem with the American Red Cross and other agencies to identify the degree of need for behavioral health services in the region affected by the disaster. If behavioral health services are needed in Arizona that exceed the capabilities of the local RBHS, ADHS, with support from ADEM, coordinate and ensure that behavioral health services are provided to the affected population.

With a state declared emergency, ADHS DBHS responds to the needs of the public with existing resources as guided by ARS §35-173 and §36-502. With a presidential declaration, ADHS and ADEM will apply for and attain federal grants to fund immediate crisis counseling needs of the population suffering from the emergency or disaster as well as grants to fund ongoing behavioral health and substance abuse service needs during the response and recovery phases. The

Immediate Services Crisis Counseling Program (ISP) Grants covers program and provider costs for personnel time, space, supplies, travel, media, training and consultants for sixty days. This program can be applied for after a federal Stafford Act declaration for individual assistance has been made. ADHS DBHS will prepare the ISP application and the program is administered through the state's RBHAs.

ADEM is the Governor's Authorized Representative for Stafford Act disaster declarations and must sign the application, financial documentation and final closeout report. Also, ADEM is responsible for transferring grant funding to ADHS and complying with the requirements of the federal Cash Management Improvement Act and financial guidelines and requirements of the Immediate Services Crisis Counseling Program.

Perform After Action Reviews

The Homeland Security Exercise and Evaluation Program (HSEEP) model provides a standardized methodology (templates) for after action report development and improvement planning. The templates are used for all ADHS sponsored exercises. Additionally, all ADHS hospital partners are strongly encouraged to utilize compliant templates and improvement planning techniques. ADHS continues to foster a supportive relationship with the preparedness community, aiding in the development of compliant documentation which helps to ensure consistent planning, execution, and improvement planning for all hospital-related exercises in the state. Additionally, ADHS has implemented a policy of following the HSEEP guidelines with regard to after action reports. Strict guidelines are in place for the finalization of after action reports (60 days), improvement plans and corrective actions. Corrective actions are always assigned to a specific section, organization, or role within the public health/healthcare system with a definitive date for the implementation of a specific corrective action.

Testing and Exercising Healthcare Plans

Statewide Pandemic Influenza Tabletop Exercise

A state-wide Pandemic Influenza tabletop exercise was conducted in July, 2006. The exercise involved approximately 360 participants from various disciplines including:

- state and local public health
- tribal governments
- law enforcement
- fire services
- emergency medical services
- Metropolitan Medical Response System
- state agriculture
- acute care hospitals and health care facilities
- community health clinics
- school districts
- state universities
- emergency management.

The tabletop scenario involved a pandemic influenza outbreak, which affected Arizona and the nation. The objectives for the exercise focused on:

- evaluating the plans for implementing the Incident Command System
- effectively transitioning to Unified Command
- the flow and sharing of public information within and among public health organizations, schools, tribes, acute care hospitals, health care, clinics, first responders, and emergency management
- determining available resources and acquiring these resources.

In addition, participants where encouraged to exercise their own agency/company/ organization pandemic influenza plan in conjunction with this exercise. These activities and efforts provide an excellent mechanism to form and maintain community-wide health care coalitions to help meet patient surge expected from a pandemic influenza.

Pandemic Influenza Medical Surge and Communications Exercise Series

In April 2008, ADHS designed and implemented a series of tabletop exercises to evaluate the health care system's ability to deal with a medical surge resulting from pandemic influenza and identify areas for improvement. These tabletop exercises were held on April 15, 17, and 23, 2008 in Flagstaff, Scottsdale, and Tucson, respectively.

The exercise goals were to:

- Evaluate staffing, bed, and supply requirements for a medical surge event.
- Identify the triggers and corresponding plans and responses to be enacted during a medical surge.
- Demonstrate the ability to use redundant communications systems and follow communication protocols within the public health/emergency management system.

The exercise design objectives were to:

- Test response capabilities between public agencies and healthcare agencies in key pandemic flu reaction categories, and identify both positive outcomes and areas that require improvement
- Assist hospitals in analyzing their current pandemic influenza/medical surge response plans.
- Provide information to hospitals in selected areas that may be involved in a pandemic influenza situation.

Major strengths identified included:

- The large majority of facilities, regardless of type, were extremely willing to discuss what they did know about their plans as well as if their plans were not adequate or did not exist for a certain topic area. It was stated by attendees who lacked full plans that they were able to learn from facilities that had broader plans.
- Facilities would continue to participate in exercises and felt it was a worthwhile learning experience.

• The players had a strong sense of their role(s) in NIMS and ICS. The majority of attendees were able to speak knowledgably about which part of the command structure had oversight of different areas of the response needs.

Primary areas for improvement included:

- Many institutions had plans, but the representatives sent to the exercise had either not seen then in detail, or had little knowledge of how existing plans would be enacted in a real-world incident. The suggestion was to ensure the appropriate personnel were assigned to attend the exercise and that the specific plans addressed would be present at the discussion.
- Mass fatality planning was not a strong area for participants. The attendees that had plans were few, and the majority of facilities that attended had little to no plans regarding mass fatalities. It was also a sensitive topic for attending Tribal representatives. Overall, this section lacked any substantial discussion, and this pertains to facilities statewide. In the future, this is an area that would be benefited by discussion and teaching sessions with various partners outside of the hospital community to be included.
- Many attendees stated that they were unaware of the details of the State of Arizona or their specific county health plans. Future actions include ensuring hospital partners are knowledgeable on how and where to access these plans.

Hospital Evacuation, Alternate Care Site, and Fatality Management Exercises

In May 2008, ADHS designed and implemented a series of tabletop exercises to evaluate hospitals' evacuation, alternate care site and fatality management planning in response to a supposed explosion and fire in a hospital cafeteria. These tabletop exercises were held on May 13, 15, and 21 in Flagstaff, Scottsdale and Tucson, respectively.

The exercise goals were to:

- Identify triggers for evacuation and gaps in current hospital (to include pediatric unit) evacuation plans based on patient acuity levels and facility layout.
- Identify logistical issues related to the transfer of patients, supplies and staff to alternate care sites.
- Detect weaknesses in hospitals' plans to manage fatalities that exceed morgue capacities, and those for identifying, storing and transporting bodies, and coordinating with external agencies.

The exercise design objectives were to:

- Test response capabilities within individual hospitals and across the public health system.
- Provide a forum that allows hospitals to discover gaps in current planning and areas for enhanced collaboration
- Provide information on hospital evacuation, alternate care sites, and fatality management in the context of a cafeteria explosion and fire.

The major strengths identified during this exercise are as follows:

• The institutions exhibited a thorough understanding of their evacuation plans and procedures as they pertain to operational command, patient prioritization, logistics and

- communications.
- Most hospitals employ electronic tracking systems (e.g., EMSystem) and maintain supply coffers and/or vendor MOUs to meet an increased demand on provisions and services.
- The players demonstrated a willingness to engage in candid discourse concerning weaknesses and strengths in standing hospital evacuation, alternate care site and fatality management plans.

Throughout the exercise, several opportunities for improvement in HPP hospitals' ability to respond to the incident were identified. The primary areas for improvement, including recommendations, are as follows:

- Select institutions have a viable fatality management plan. Others have plans that do not address cultural and religious conventions or include signed MOUs or Memorandums of Agreement (MOAs) with mortuary service providers.
 - o It is recommended that hospitals partner with cultural and religious leaders/representatives to conduct staff trainings and draft procedures for handling remains according to cultural and religious specifications.
 - o It is recommended that hospitals seek author practical MOUs and MOAs with area mortuary service providers.
- Numerous institutions questioned their ability to receive, process and retain sufficient staff (clinical, non-clinical and volunteers) to support hospital and ACS operations.
 - o It is recommended that hospitals assess current staffing capabilities, update contact lists and test facility alerting systems.
 - o It is recommended that hospitals identify external staffing sources and create a "just in time" training program.
- Several ACS plans did not account for the establishment and security of an on-site pharmacy; nor did they outline policies to separate patient groups (i.e., pediatric, adult, behavioral health, etc.)
 - o It is recommended that hospitals amend plans to include operational strategies for the establishment, staffing, supplying and security of an on-scene pharmacy.
 - It is recommended that hospitals outline patient segregation procedures in their ACS plans.

Appendix B.8 Manage Mass Fatalities

Fatality Management Plan

The Arizona Department of Health Services (ADHS) Bureau of Emergency Preparedness and Response maintains a Pandemic Influenza Mass Fatality Response Plan dated June 2007.

Arizona does not have an Office of the Medical Examiner. Fatality management legal authority is at the county level which creates challenges in developing a State plan for uniform and consistent mass fatality management. The State cannot require compliance standards, but must request compliance by the Office of the County Medical Examiners.

The Arizona State plan has been coordinated/reviewed with USNORHTCOM, JTF-CS, DMORT, WMD DMORT, HHS, and reflects the intent of national plans and those under current development. The State Plan has also been coordinated through tribal, city, and county agencies.

The State Plan covers all the mass fatality planning guidelines and subjects outlined in the Catastrophic Incident Supplement (CIS) to the National Response Plan (NRP). In addition, the State Plan incorporates guidance that is considerably more detailed than the NRP CIS and has guidelines and checklists for county planners that were also reviewed by USNORHTCOM, JTF-CS, DMORT, WMD DMORT, Office of New York City Medical Examiner, Office of the Virginia Medical Examiner and again reflect the national intent on mass fatality preparedness and planning.

Medical examiners, funeral service personnel, cemetery and crematorium personnel, forensic dentists, forensic anthropologists, crime lab technicians, and any other person whose responsibility involves direct handling of human remains are designated as first responders in the plan with functions and roles clearly defined reflecting the national intent as outlined in the NRP CIS and local legal requirements.

Training has been provided and continues to Arizona Funeral Directors Association (AFDA) on pandemic influenza and the AFDA role in mass fatality management and to Training to Arizona Emergency Services Association.

Arizona counties are working with Funeral Directors, Crematoriums, Cemeteries, Emergency Responders, Law Enforcement and Hospitals to determine short falls and areas needed to develop a comprehensive Pandemic Influenza Mass Fatality Program.

Procedures and Systems for Documenting, Collecting and Accounting for Final Disposition of the Dead (abbreviated from the Arizona Pandemic Influenza Mass Fatality Plan)

Table 1. Roles and responsibilities of some agencies involved with pandemic mass fatality planning and execution.

Agency	Pre-pandemic Interpandemic and Pandemic Alert period	Pandemic Period	Post-Pandemic Period
ADEM	✓Identify needs to ensure that the plan is finalized and logistical systems are in place for implementation as needed.	✓Ensure mass fatality issues are communicated to affected stakeholders through the Emergency Operations Center (EOC). ✓Maintain contact with the county Emergency Operations Centers and OCME ✓Establish if Funeral Directors Association representation is required at the state Emergency Operations Center.	✓Conduct evaluation of the response as it relates to handling mass fatalities. ✓Utilize findings to identify areas of improvement.
ADHS	✓Establish a relationship with relevant agencies, including county OCME, Arizona Funeral Directors Association, and law enforcement. ✓Develop a Planning Guide for Funeral Homes to assist in their planning on how to reduce and deal with the impact of the high number of fatalities on the sector. ✓Maintain liaison with relevant agencies and provide technical advice as to how to deal with the effects of a mass fatality event due to the pandemic.	✓Establish representation at the State Emergency Operations Center. ✓Ongoing communication with relevant agencies in order to address issues as they come up. ✓Ongoing monitoring of necessity of measures to protect public health (e.g. restricting attendance at funerals). ✓Ongoing communication with the general public through media and other appropriate channels to inform them regarding the above public health measures. ✓Ensure provision of psychosocial support to the families of the deceased. ✓Provide care for ownerless pets and livestock through animal shelters, or other animal protection groups. ✓Open ADHS hot line to provide information and/or referrals. ✓Information related to fatalities is also going to be posted on ADHS's web site.	✓Conduct evaluation of response as it relates to dealing with mass fatalities. ✓Utilize findings to identify areas of improvement.
Law Enforcement Agencies	✓As one of the lead agencies for dealing with mass fatalities, law enforcement at all levels should be involved in developing a pandemic mass fatality response plan as part of the State Influenza Pandemic Response Plan. ✓Ensure systems are in place to implement the pandemic mass fatality response plan as needed.	✓Establish representation at the State Emergency Operations Center. ✓Implement the Pandemic Mass Fatality response plan as outlined. ✓Establish procedures for recovery of remains from residences with either law enforcement officers or duly appointed deputies. ✓Establish security for short-term morgue operations and other MAS activities with either law enforcement officers or duly appointed deputies.	✓Conduct evaluation of the response as it relates to handling mass fatalities. ✓Utilize findings to identify areas of improvement.

	T		T 4
County OCME	✓Participate and provide expert advice to the development of the mass fatality plan and recommendations for dealing with the impact of mass fatalities due to a pandemic in the state and county. ✓Ensure systems are in place to implement the pandemic mass fatality response plan when needed.	✓Ensure communication with State EOC and county EOC related to mass fatality issues. ✓Based on the needs assessment, provide consultative advice on identification of morgue site and/or temporary short-term storage facility. ✓Provide advice on notification of the next of kin, if required. ✓Provide advice on temporary interment locations and procedures if needed. ✓Coordinate with Law Enforcement on recovery teams entering private businesses and residences.	✓ Provide input to the response evaluation and help identify "best practices" for future implementation.
Hospitals	✓As part of pandemic influenza planning, develop specific plans for dealing with high mortality rates in hospitals due to pandemic.	✓Based on need, enlarge morgue capacity or adapt alternate space to accommodate a higher than normal mortality rate. ✓Notify County Health Department and ADHS of all deaths with influenza as the cause or contributing cause.	✓ Provide input to the response evaluation and help identify "best practices" for future implementation.
Funeral Homes Cemeteries and Crematoriums	✓Develop preparedness plans to address issues such as supplies, equipment, vehicles and personnel shortages. ✓A six months inventory of supplies in stock should be developed and maintained. ✓Implement preparedness plans.	✓Raise issues of concern with ADHS or through the Board of Funeral Directors and/or the office of OCME or AFDA ✓Maintain an appropriate inventory of supplies in stock. ✓Develop relations with contractors to increase grave digging capacities. ✓Develop alternate methods of conducting funerals if ADHS has put a ban on social gathering. These may include but are not limited to internet funerals, teleconferencing, and or video taping.	✓Provide input to the response evaluation and help identify "best practices" for future implementation.

Table 2. Mortuary affairs system planning guide. (Only part of table 1 shown)

Steps	Requirements	Limiting Factors	Possible Solutions & Expediting Steps
Search for Remains	✓If death occurs in the home then law enforcement will need to be contacted. ✓Person legally authorized to perform this task.	✓Law enforcement officers' availability. ✓Augmentation to law enforcement for handling human remains.	✓ Consider deputization of people whose sole responsibility is to search for the dead.
Recovering Remains	✓Personal protection equipment such as coveralls, gloves and surgical masks. ✓Equipment such as stretchers and human remains pouches.	✓ Availability of people to perform this task. ✓ Availability of transportation assets. ✓ Availability of interim storage facility.	✓ Consider training volunteers ahead of time. ✓ Consider refrigerated warehouses or other cold storage as an interim facility until remains can be transferred to a morgue.

Web-Based Death Certificate Processing and Secure Tracking to the ADHS

The ADHS Office of Vital Records (OVR) is statutorily responsible for administering a single statewide system to register all deaths that occur within Arizona. Under the authority of the ADHS/OVR, each Arizona county health department may choose to participate in the statewide system to register deaths occurring in that county and issue death certificates of vital events. The counties use the electronic vital records' system administered by OVR and adhere to the same statutes, rules, policies and procedures so that there is consistency in death registration throughout the state.

The ADHS/OVR is in the process of deploying a new web-based electronic death registry system (EDRS) to better address the accuracy and efficiency of death registration. In late 2007, the EDRS was implemented for use by the OVR and county vital records offices. EDRS enhancements are being made so that the system can been deployed to funeral homes, medical certifiers, and medical examiners beginning in June 2008. Once the EDRS has been made available to these groups, the EDRS will be able to electronically capture and report fact of death information within five days and cause of death information within 10 days for 80% of all deaths. The EDRS design is compliant with the National Association of Public Health Statistics and Information Systems (NAPHSIS) and the National Center for Health Statistics (NCHS) standards. NAPHSIS provided consultation to Arizona on the EDRS design and the EDRS vendor has developed EDRS for other jurisdictions that are in compliance with the national standards. The EDRS includes electronic social security number verification with the Social Security Administration (SSA) as well as fact of death reporting to federal entities. Arizona's EDRS has been designed with the SSA requirements of fact of death reporting within five days and cause of death reporting within 10 days.

Arizona Revised Statutes (ARS) §36-325 requires completion of the medical certification of death within seventy-two hours of that death. The statute specifies the conditions in which a death must be referred to the medical examiner. In Arizona, each county is responsible for the provision of services by a medical examiner and for those cases referred to their office; the medical examiner currently completes the medical certification component of the death record. Approximately twenty percent of all deaths that occur in Arizona are referred to the medical examiner, including most pediatric pneumonia and influenza deaths and all unattended or unexplained deaths. Although each county is required to provide services of a medical examiner, many of the rural counties contract with the Pima County Medical Examiner's Office. Pima County provides medical examiner services to the following counties: Apache, Gila, Graham, Greenlee, La Paz, Navajo, Pinal, Santa Cruz and Yuma. ADHS is applying for funding to connect the case management system used by the medical examiners to the EDRS to increase the timeliness and efficiency of receiving data from the medical examiners.

Epidemiologists at ADHS and some of the county health departments have access to information in the EDRS and are working on procedures for analyzing and interpreting data available through this system for mortality surveillance.

Behavioral Health Programs and Messaging

The ADHS Division of Behavioral Health Services (DBHS) is the lead agency for the development and coordination of state behavioral health emergency/disaster response plans and services. During non-emergency times, the ADHS DBHS oversees the Regional Behavioral Health Authorities (RBHAs) and Tribal Regional Behavioral Health Authorities (TRBHAs) who, through their contracted providers, provide behavioral health services for individuals qualified under Title XIX of the Social Security Act who are at or below 100% of the federal poverty level. The Division also receives state funding by appropriation of legislature for services to non-Title XIX populations per ARS §35-173 and ARS §36-502.

Arizona is divided into six regions served by four RBHAs:

- Magellan which serves Maricopa County
- Community Partnership of Southern Arizona (CPSA) which serves Pima, Graham, Greenlee, Santa Cruz, and Cochise Counties
- Northern Arizona Behavioral Health Authority (NARBHA) which serves Mohave, Coconino, Apache, Navajo, and Yavapai Counties
- Cenpatico Behavioral Health of Arizona which serves Pinal, Gila, Yuma, and La Paz Counties

There are also three TRBHAs that provide behavioral health services to the Pascua Yaqui Tribe, Gila River Indian Community, and White Mountain Apache Tribe. The Navajo Nation provides case management services and the Colorado River Indian Tribe provides prevention services.

DBHS also supports the needs of first responders and state employees who will respond to a disaster. These individuals may participate in the Critical Incident Stress Management (CISM) training offered by DBHS. First responders and state employees are also given information on how to obtain ongoing behavioral health services when needed. Additionally, state employees are given information and resource materials to assist them in caring for themselves during times of extreme stress. Employee Assistance Programs (EAP) are available for state employees.

The immediate behavioral health needs of survivors and victim's family members of a disaster are typically served by the American Red Cross, the Salvation Army, faith-based organizations, and other NGOs that are members of the state (and local chapters of) Arizona Voluntary Organizations Active in Disaster (AZVOAD). These resources are coordinated through the local and State Emergency Operations Center (SEOC). DBHS will work in tandem with the American Red Cross and other agencies to identify the degree of need for behavioral health services in the region affected by the disaster. If behavioral health services are needed in Arizona that exceed the capabilities of the local RBHS, ADHS, with support from ADEM, coordinate and ensure that behavioral health services are provided to the affected population.

With a state declared emergency, ADHS DBHS responds to the needs of the public with existing resources as guided by ARS §35-173 and §36-502. With a presidential declaration, ADHS and ADEM will apply for and attain federal grants to fund immediate crisis counseling needs of the population suffering from the emergency or disaster as well as grants to fund ongoing behavioral health and substance abuse service needs during the response and recovery phases. The

Immediate Services Crisis Counseling Program (ISP) Grants covers program and provider costs for personnel time, space, supplies, travel, media, training and consultants for sixty days. This program can be applied for after a federal Stafford Act declaration for individual assistance has been made. ADHS DBHS will prepare the ISP application and the program is administered through the state's RBHAs.

ADEM is the Governor's Authorized Representative for Stafford Act disaster declarations and must sign the application, financial documentation and final closeout report. Also, ADEM is responsible for transferring grant funding to ADHS and complying with the requirements of the federal Cash Management Improvement Act and financial guidelines and requirements of the Immediate Services Crisis Counseling Program.

The ADHS Pandemic Influenza Risk Communication Plan addresses behavioral and mental health messaging. The plan identifies the following key messaging regarding behavioral health:

- Anticipating/experiencing death at home and not in a medical facility
- Stress management techniques
- Information on access to behavioral and mental health services

Testing and Exercising Mass Fatality Plans

Hospital Evacuation, Alternate Care Site, and Fatality Management Exercises

In May 2008, ADHS designed and implemented a series of tabletop exercises to evaluate hospitals' evacuation, alternate care site and fatality management planning in response to a supposed explosion and fire in a hospital cafeteria. These tabletop exercises were held on May 13, 15, and 21 in Flagstaff, Scottsdale and Tucson, respectively.

The exercise goals were to:

- Identify triggers for evacuation and gaps in current hospital (to include pediatric unit) evacuation plans based on patient acuity levels and facility layout.
- Identify logistical issues related to the transfer of patients, supplies and staff to alternate care sites.
- Detect weaknesses in hospitals' plans to manage fatalities that exceed morgue capacities, and those for identifying, storing and transporting bodies, and coordinating with external agencies.

The exercise design objectives were to:

- Test response capabilities within individual hospitals and across the public health system.
- Provide a forum that allows hospitals to discover gaps in current planning and areas for enhanced collaboration
- Provide information on hospital evacuation, alternate care sites, and fatality management in the context of a cafeteria explosion and fire.

The major strengths identified during this exercise are as follows:

• The institutions exhibited a thorough understanding of their evacuation plans and procedures as they pertain to operational command, patient prioritization, logistics and

- communications.
- Most hospitals employ electronic tracking systems (e.g., EMSystem) and maintain supply coffers and/or vendor MOUs to meet an increased demand on provisions and services.
- The players demonstrated a willingness to engage in candid discourse concerning weaknesses and strengths in standing hospital evacuation, alternate care site and fatality management plans.

Throughout the exercise, several opportunities for improvement in HPP hospitals' ability to respond to the incident were identified. The primary areas for improvement, including recommendations, are as follows:

- Select institutions have a viable fatality management plan. Others have plans that do not address cultural and religious conventions or include signed MOUs or Memorandums of Agreement (MOAs) with mortuary service providers.
 - o It is recommended that hospitals partner with cultural and religious leaders/representatives to conduct staff trainings and draft procedures for handling remains according to cultural and religious specifications.
 - o It is recommended that hospitals seek author practical MOUs and MOAs with area mortuary service providers.
- Numerous institutions questioned their ability to receive, process and retain sufficient staff (clinical, non-clinical and volunteers) to support hospital and ACS operations.
 - o It is recommended that hospitals assess current staffing capabilities, update contact lists and test facility alerting systems.
 - o It is recommended that hospitals identify external staffing sources and create a "just in time" training program.
- Several ACS plans did not account for the establishment and security of an on-site pharmacy; nor did they outline policies to separate patient groups (i.e., pediatric, adult, behavioral health, etc.)
 - o It is recommended that hospitals amend plans to include operational strategies for the establishment, staffing, supplying and security of an on-scene pharmacy.
 - It is recommended that hospitals outline patient segregation procedures in their ACS plans.

Appendix B.9 Ensure Communication Capability during Each Phase of a Pandemic

This appendix supports both emergency tactical and risk communication planning components from the following state agencies:

- Arizona Division of Emergency Management (ADEM)
- Arizona Department of Health Services (ADHS)
- Arizona Department of Administration (ADOA)

Attached and supported by this appendix, risk communication strategies for public health messaging are addressed by pandemic phase in the approved ADHS Pandemic Influenza Risk Communication Plan dated June 2008. The ADHS Public Information Office Crisis Communication Plan was exercised in the July 2006 Statewide Pandemic Influenza Tabletop exercise. Both the ADHS Pandemic Influenza Risk Communication Plan and the ADHS Public Information Office Crisis Communication Plan have been approved by the ADHS Communications Director

OPERATING SUB-OBJECTIVE B.9.1: OPERATING PLANS FOR TWO-WAY COMMUNICATION

PREPARE

Two-Way, Redundant Communications

ADEM State Emergency Operations Center (SEOC) Two-Way, Redundant Communications

ADEM communications activities operate under the States Emergency Response and Recovery Plan (SERRP) Emergency Support Function (ESF) # 2. ESF # 2 consists of the following:

- Telecommunications management will occur on a bottom-up basis; decisions will be made at the lowest level, with only those issues requiring adjudication or additional resources being referred to the next higher management level.
- The state emergency communications system is a redundant system employing: HF, UHF and VHF radio in fixed and mobile configurations; Radio Amateur Civil Emergency Service (RACES); CAP; computer technology and dedicated/common user wire, cellular and satellite telephone systems.
- The State of Arizona Emergency Communications Center (SECC) is located in the SEOC. It is equipped to serve as a Net Control Station on selected radio nets. The SECC also interfaces and serves as an operating station on other state agency, law enforcement and National Guard communications nets.
- The ADEM Communications Officer supervises the SEOC communications system.
- Agencies retain operational control of their communications systems and equipment during emergency operations.
- The State Coordinating Officer (SCO) has overall responsibility for the coordination of state telecommunications support in the response area.
- The normal communications flow will be to/from the SEOC from/to county EOCs, Federal Emergency Management Agency (FEMA) Region IX Regional Operations

Center (ROC) and interstate EOCs. The SEOC will serve as Net Control Station for the ADEM controlled communications system. It is the primary interface for national, regional and interstate communications operations.

ADEM is responsible for developing, maintaining and operating primary, secondary and alternate communications systems which will allow state government to collect and disseminate information, receive requests for assistance, and direct, control and coordinate state disaster response and recovery operations through continuing communications with local governments, the federal government, and responding state agencies.

ADEM will assist local jurisdictions in developing, maintaining and operating emergency communications systems by providing technical guidance and program development assistance that may be necessary to assure, coordinated and integrated statewide emergency communications support.

Should any emergency arise which would necessitate activation of the SEOC, the Director of Emergency Management, serving as the Governor's designated representative, has primary responsibility for the SEOC. The Division of Emergency Management Telecommunications Manager, under the direction of the SEOC Logistics Chief, exercises direct supervision of the SEOC communications systems.

The following frequency descriptions exist:

- High Frequency (HF) radios operating in the 1.6 MHz 30 MHz range provide communications in the following radio services: Federal Emergency Management Agency National Radio System (FNARS) Amateur, Federal Highways Commission Emergency Communications System, Military, and Civil Air Patrol.
- Very High Frequency (VHF) radios provide coverage in the aircraft bands of 116-136 MHz, law enforcement bands of 150-174 MHz, and amateur 2-meter band 144-148 MHz. The DEMA Radio Network (DRN) is a statewide VHF radio system that is used by National Guard, ADEM, and other state agencies.
- Ultra High Frequency (UHF) radio coverage is available with the Arizona Department of Public Safety (AZDPS), Amateur bands and Maricopa County Emergency Management. The 800 MHZ APS system is used primarily to link the Arizona Radiation Regulatory Agency (ARRA) field forces and the State EOC when an incident at the Palo Verde Nuclear Generating Station requires off-site response. In addition, ADEM uses this system to communicate with all fifteen counties and link their emergency operations centers with the SEOC. ADEM's use of this system is referred to as "AZ EOC Network".
- All VHF and UHF frequencies are interfaced with touch-tones and sub-audible tones for statewide repeater access. Phone patch capabilities exist for all radio services. The radio frequency coverage available to the SEOC and its mobile communications vans is:
 - o HF frequencies between 1.6 and 30 MHz
 - o All VHF and UHF Amateur Bands
 - VHF and UHF Public Safety Bands
 - o Selected state agency frequencies
 - o All HF, VHF, and UHF Civil Air Patrol frequencies

- o DEMA Radio Network (DRN) VHF
- o AZ EOC trunked 800 MHz network

The radio communications systems utilized are indicated below:

- 800 MHz AZ EOC Network
- FNARS
- State Agency Radio Nets
- DEMA Radio Network
- Amateur Radio
- Civil Air Patrol

ADEM, in conjunction with AZDPS, has created the Arizona Interagency Radio System (AIRS) which will provide up to 45 suites throughout the State to provide interoperable communications. Each of the 45 statewide sites interconnects designated interoperability frequencies on VHF, UHF and 800 MHz so jurisdictions on any one band may communicate with users or dispatchers on another band.

The 800 MHz, VHF, HF, EAS (Emergency Alert System) and HAM Radio systems are tested weekly.

The Arizona Division of Emergency Management has an automatic emergency alert and notification system called the Dialogic Communication Corporation (DCC) Communicator. A number of maintained call lists exist for groups such as State agency directors, county emergency managers, ADEM staff, etc. The system is capable of sending out alerts via e-mail, pager, cell phone and landline. ADEM is capable of enabling affected county emergency management offices and state agencies departments to utilize this system for communication as requested. This system is tested each month.

The on-line Incident Log system called E-Team is utilized for every major incident and exercise in which the State Emergency Operations Center is activated. E-Team is soon to be added to the weekly communications systems testing procedures.

For every major exercise throughout the state which involves ADEM, an internal communication exercise is conducted in which ADEM tests its capability to contact emergency partners. In addition, ADEM participates in the annual Department of Defense Interoperable Communication Exercise (DICE) in which ADEM, FEMA, local jurisdictions and others test communications procedures.

ADHS Two-Way, Redundant Communications

In addition to the overall state communications system administered by ADEM through the SEOC, ADHS will remain the main conduit of disseminating public health related information to key state, public health, and health care community partners. Addressing the needs for this plan requires the use of all ADHS and other state-sponsored communications systems. Each of these systems will meet a critical information need, and together the information from many systems can be synthesized to provide stronger decision support. Specifically, systems will be in place to

support surveillance, vaccine and pharmaceutical delivery, emergency response, and communications needs. Systems that will be utilized in these efforts are listed below: All the systems listed below are mechanisms that were developed to achieve interoperable and redundant communications. Currently, these systems are widely utilized by public health partners throughout the state.

- <u>Health Alert Network (HAN) Messaging</u> HAN messaging is a web-based system to initiate the distribution of public health alerts. The system can distribute information by email, phone, text-pager, or fax. In addition, the system utilizes text-to-speech capability, that will read back typed information over the phone. This system is utilized for information dissemination to public health responders and stakeholders. In addition, this system supports teleconference-bridging capability for conference call meetings. The system is able to alert over three thousand people from partner agencies.
- Secure Integrated Response Electronic Notification System (SIREN) SIREN is both a system's architecture to support web-based applications (like MEDSIS, HAN messaging, and email, etc.) and supports the Public Health Preparedness Portal. This portal supports secure areas for response tracking. These secure portal spaces represent a virtual emergency operations center. Similarly, the system supports a secure online collaborative portal for sharing of information between local health jurisdictions and across the Mexico border. The system currently has over 2500 users statewide.
- <u>Arizona 2-1-1 (AZ 2-1-1) Online</u> AZ 2-1-1 is a web-based data repository that includes information for the public about public services and other health and human services. In addition, the system has an emergency response area that is utilized to post public emergency bulletins.
- <u>EMSystem</u> EMsystem is a web-based Application Service Provider (ASP) that consists of three modules EMResource, EMTrack, EMCredential.
 - EMResource Provides real-time communication and resource management for everyone involved in emergency medical response. Authorized users log on to a secure web site and view regional emergency department status and available hospital resources to support patient transport and transfer decision-making. This system is accessed in over one hundred locations including hospitals and 911 dispatch centers in the state.
 - EMTrack Facilitates communications with medical response teams, family reunification, and notifies hospitals of incoming patients. EMTrack collects and disseminates patient information and status to on-scene responders and medical facilities. The solution tracks patients from initial assessment through disposition, including triage, treatment, and transport of patients for daily and mass casualty operations. This system includes field scanners and a wireless access point for transmission of data to the web-based application.
 - o EMCredential Provides an integrated system for the advance registration and credentialing of health care professionals to support response to medical emergencies. Volunteers can register online and update their information 24/7. Administrators verify the credentials and assign emergency credential levels to volunteers. Authorized users can easily and quickly identify and mobilized health care volunteers, with the appropriate credentials, to assist during an emergency event. This system facilitates mutual aid of volunteer resources across State lines.

- Medical Electronic Disease Surveillance Intelligence System (MEDSIS) MEDSIS is a
 web-based application to electronically capture and analyze disease information from
 Arizona hospitals and clinical laboratories. MEDSIS is a statewide system hosted and
 supported by the ADHS for use by local health departments, and individuals and
 institutions responsible for reporting communicable diseases. Participating institutions
 will electronically transmit disease information to MEDSIS. When completed, MEDSIS
 will be linked to numerous other data sources including other surveillance data sources.
- <u>Public Health Information Line (PHIL)</u> State health PIO's and the Bureau of Emergency Preparedness and Response are responsible for coordinating the scripting and activation of the State Public Health hotline. Information will be available to callers in other languages if needed on a 24-hour basis.
- <u>Satellite Communications Redundancy</u> Currently, Hospitals, Urgent Care Centers, Emergency Medical Services, and Public Health have many forms of satellite communication. A project was completed for 168 locations throughout the state to have redundant internet service from satellite systems. Satellite phones are also in place at all hospitals.
- 800 Megahertz Radio System Arizona Department of Health Services entered into an agreement with the Phoenix Fire Department to develop and maintain a backup hospital communications plan. Using the Phoenix Wireless Regional Network (PWRN), each hospital has been equipped with a radio transmitter and desk set that allows communications on the PWRN 800 MHz Network. 5 channels have been designated as Medical Channels, and have the capability to be encrypted to provide confidential communications. The system has been designed to allow not only Medical Patching, but also to enable a hospital to be interoperable with local emergency response agencies during planned events, and major incidents. The system is online, and will require frequent testing and use for the Hospital Staff, Deployment Staff, and Operations Staff to become proficient with its use.

ADOA Communications Platforms

The State of Arizona outsourced telecommunication services for voice and wide area network (WAN) data. Outsourced services are provided and maintained by Accenture, LLP and their subcontractors. The program is referred to as AZNet. Local area networks (LAN) and applications are not covered by AZNet. The individual agencies, in this case ADHS, are responsible for maintaining LANs and applications used within their agency.

AZNet maintains the voice communication services and WAN connectivity for ADHS. Voice communications are provided through a variety of switches and key systems. Service level agreements with penalties are associated with the services to all locations to ensure quick response and repair to services. Carrier services for voice and data services to the ADHS main locations have Telecommunications Service Priority (TSP) activated on the circuits for priority restoration should a critical outage occur.

Arizona maintains Government Emergency Telephone Service (GETS) calling cards deployed for priority handling of calls over the public network should an outage/downtime occur. ADHS

also has Wireless Priority Service (WPS) activated on cell phones for key personnel to use for priority handling over the wireless network should that network become congested.

The following agencies participate in the GETS/WPS programs:

GETS/WPS Agency Participation and Validation Date				
Agency	Validation/Renewal Date			
AHCCCS	September 19th			
ARIZONA PIONEERS HOME	September 9th			
CORPORATION COMMISSION	April 8th			
DEPARTMENT OF EMERGENCY AND MILITARY	December 11th			
AFFAIRS				
DEPARTMENT OF HEALTH SERVICES	December 18th			
DEPARTMENT OF ADMINISTRATION	February 18th			
DEPARTMENT OF AGRICULTURE	October 23rd			
DEPARTMENT OF CORRECTIONS	October 17th			
DEPARTMENT OF ECONOMIC SECURITY	September 27th			
DEPARTMENT OF JUVENILE CORRECTIONS	April 8th			
DEPARTMENT OF LIQUOR LICENSES & CONTROL	September 12th			
DEPARTMENT OF WATER RESOURCES	February 5th			
DEPARTMENT OF ENVIRONMENTAL QUALITY	May 28th			
DEPARTMENT OF HOMELAND SECURITY	November 29th			
DEPARTMENT OF COMMERCE	September 6th			
DEPARTMENT OF TRANSPORTATION	October 31st			
DEPARTMENT OF PUBLIC SAFETY	November 7th			
GOVERNOR'S OFFICE	September 19th			
LAND DEPARTMENT	October 17th			
LAND DEPARTMENT - FORESTRY DIVISION	April 16th			
ARIZONA RADIATION REGULATORY AGENCY	April 15th			

The ADHS main headquarters located at 150 North 18th Avenue, 1740 West Adams, 1818 W. Adams, and the Health Laboratory at 250 North 17th Avenue are provided through a Nortel SL100 switch. The voice communications for the Tucson office located at 416 W. Congress are provided through a Nortel Option 81C switch. Voice services for these locations and WAN services are proactively monitored 24 x7.

The SL100 switch has two front end processors and ENET (enhanced network – each call has two talk paths so that if one fails the other takes over) redundancy with load sharing. The internal messaging switch is redundant and load sharing, along with the line controllers and line trunk controllers. The switch has redundant power, supported by UPS (uninterruptible power supply) backup and a diesel generator. The voice messaging systems have redundant processing, message disks, system disks and power, also supported by UPS and diesel generator.

The carrier provided OC 24 (1.244 gigabit optical carrier facility) coming into the SL100 rides a Qwest SST (synchronous service transport) that comes across a SHARP (Self Healing Alternate

Route Protection) fiber entrance. There are duplicate fiber entrances. The OC 24 has two sides, working and protecting. Each module has two sides, working and protecting. The SL100 entrance has working and protecting sides. OC3 (155.52 megabit optical carrier facility) modules within the OC24 mux are broken down into DS3s (digital signal) that have working and protecting sides. Each circuit has TSP activated on the service for priority restoration should an interruption of service occur.

The Tucson Option 81C has redundant processors and power, also supported by UPS and a diesel generator. Circuits to the Tucson switch also come across SHARP fiber with duplicate entrances. Each circuit coming into the Option 81C has TSP activated on the services for priority restoration should an interruption of service occur.

AZNet is in the process of transitioning the State's remote access application from Aventail VPN (Virtual Private Network) Client with maximum concurrent user licenses of 250 to a more robust Cisco SSL (Secure Socket Layer) with 1000 concurrent user licenses. The Cisco SSL has the ability to immediately transition to 5000 concurrent user licenses simply by the end user downloading software to his/her PC. This application supports part of the State's telecommuting program. Some State agencies have their own VPN/remote access applications to support telecommuting and remote access above that supported by AZNet.

Benchmark 4: AZNet maintains an asset inventory management system (AMS) that stores detail of voice and WAN equipment and in-scope carrier services for all executive branch agencies that fall under the AZNet contract. This inventory is updated daily through telecommunications service order activity.

The Government Information Technology Agency (GITA) maintains a database of all agency information technology (IT) inventories including hardware, software and applications. The inventory includes a detailed list of IT assets owned, leased or employed by the State. Agencies are required by Statute to submit updates to the inventory yearly.

Process to Ensure Redundant Communication Systems

SEOC Redundant Communications

The State of Arizona Emergency Communications net is a redundant system employing HF, VHF and UHF radio in fixed and mobile configurations, amateur radio, and dedicated, cellular and common user telephone systems. The State Emergency Operations Communications Center (SEOCC) is equipped to serve as Net Control on selected radio nets, and to interface and serve as an operating station on other state agency, law enforcement, and National Guard communications nets.

In addition to the standard Qwest phone circuit at the SEOC, ADEM uses the following:

- dedicated phone lines to Palo Verde and MCDEM
- cabling to National Guard phone switch
- hard-wired satellite phone (2)
- hand-held sat phones (6)

- 800MHz radio, statewide
- VHF radio, statewide
- FEMA HF radio communications systems
- amateur radio with digital data transmission
- GETS (Government Emergency Telecommunications Service) for priority on public switched telephone network
- WPS (Wireless Priority Service) for priority on cellular network
- Mobile Communications Vehicle backup

Although a joint-use ASEOC is maintained in Prescott which also serves as a forward emergency operations center for the northern regions of Arizona, the Division partnered with Arizona State University to develop an additional ASEOC in central Arizona. This facility provides ASU an SEOC to be incorporated in their emergency management degree program and provide the State with a "hot" ASEOC should displacement be required. The Alternate SEOC has the following in addition to ASU-East's phone switch (Qwest):

- hard-wired satellite phone
- 800MHz radio, statewide
- VHF radio, statewide
- GETS (Government Emergency Telecommunications Service) for priority on public switched telephone network
- WPS (Wireless Priority Service) for priority on cellular network
- amateur radio
- Mobile Communications Vehicle backup

ADHS Redundant Communications

ADHS has a number of interoperable and redundant communication system capabilities, both horizontal and vertical, with public health, hospitals, rural health clinics, tribal health and emergency management partners. ADHS has been funded by the CDC and HHS to ensure communication systems are fully redundant. Many projects have been completed with our stakeholders. These projects were accomplished to ensure that numerous types of communication mechanisms are in place and tested for any type of disasters. Some of these projects include:

- Purchase and installation of hard-wired satellite phones and provision of hand-held satellite phones for all hospital that participated in the grant.
- Purchase and installation of redundant satellite internet system at counties, tribes, hospitals and clinics to ensure connectivity with critical systems.
- Collaboration with Phoenix Fire to install 800MHz radios at hospitals in the largest metropolitan area for additional redundancy.
- Participation in the federal GETS program and has encouraged all other stakeholders to participate.
- Participation in the federal WPS program and has encouraged all other stakeholders to participate.

ADOA Redundant Communications Systems

The State's optical backbone, Magnet 2, is a redundant, resilient, counter rotating fiber ring. Each box has multiple power supplies and multiple processors. The State's Internet service to the ADHS main locations, Lab, and Tucson location all listed above has two geographically separate entry points with different carriers. If one fails, traffic moves to the other circuit.

The data circuits making up the WAN for the above mentioned addresses also travel across the SHARP fiber facilities. TSP service has been activated on the circuits to ensure priority restoration.

Communication Networks Tested and Exercised

SEOC Communication Networks Tested

For every major exercise throughout the state which involves the Arizona Division of Emergency Management, an internal communication exercise is conducted in which ADEM tests its capability to contact emergency partners. In addition, ADEM participates in the annual Department of Defense Interoperable Communication Exercise (DICE) in which ADEM, FEMA, local jurisdictions and others test communications procedures. E-Team is soon to be added to the weekly communications systems testing procedures.

ADHS Communication Networks Tested

The ADHS call-down system is tested on a monthly basis. Key stakeholders are alerted to respond within a certain timeframe imbedded in the message. The system was built to comply with federal grant requirements. All exercise and real events utilize this system for activation of the Health Emergency Operations Center (HEOC). These drills are conducted to ensure response to actual events.

Process for Intra-State Communication Enhancement Network

The ADHS communication systems are structured so that public health communications can be accomplished among all levels of state and local government. All the systems listed below are mechanisms that were developed to achieve interoperable and redundant communications. Currently, these systems are widely utilized by public health partners throughout the state.

- Health Alert Network Messaging HAN messaging is a web-based system to initiate the distribution of public health alerts. The system can distribute information by email, phone, text-pager, or fax. In addition, the system utilizes text-to-speech capability, that will read back typed information over the phone. This system is utilized for information dissemination to public health responders and stakeholders. In addition, this system supports teleconference-bridging capability for conference call meetings. The system is able to alert over three thousand people from partner agencies.
- <u>SIREN (Secure Integrated Response Electronic Notification System)</u> SIREN is both a system's architecture to support web-based applications (like MEDSIS, HAN messaging, and email, etc.) and supports the Public Health Preparedness Portal. This portal supports

- secure areas for response tracking. These secure portal spaces represent a virtual emergency operations center. Similarly, the system supports a secure online collaborative portal for sharing of information between local health jurisdictions and across the Mexico border. The system currently has over 2500 users statewide.
- AZ 2-1-1 (Arizona 2-1-1 Online) AZ 2-1-1 is a web-based data repository that includes information for the public about public services and other health and human services. In addition, the system has an emergency response area that is utilized to post public emergency bulletins.
- <u>EMSystem</u> EMsystem is a web-based Application Service Provider (ASP) that consists of three modules EMResource, EMTrack, EMCredential.
 - EMResource Provides real-time communication and resource management for everyone involved in emergency medical response. Authorized users log on to a secure web site and view regional emergency department status and available hospital resources to support patient transport and transfer decision-making. This system is accessed in over one hundred locations including hospitals and 911 dispatch centers in the state.
 - EMTrack Facilitates communications with medical response teams, family reunification, and notifies hospitals of incoming patients. EMTrack collects and disseminates patient information and status to on-scene responders and medical facilities. The solution tracks patients from initial assessment through disposition, including triage, treatment, and transport of patients for daily and mass casualty operations. This system includes field scanners and a wireless access point for transmission of data to the web-based application.
 - o EMCredential Provides an integrated system for the advance registration and credentialing of health care professionals to support response to medical emergencies. Volunteers can register online and update their information 24/7. Administrators verify the credentials and assign emergency credential levels to volunteers. Authorized users can easily and quickly identify and mobilized health care volunteers, with the appropriate credentials, to assist during an emergency event. This system facilitates mutual aid of volunteer resources across State lines.
- MEDSIS (Medical Electronic Disease Surveillance Intelligence System) MEDSIS is a
 web-based application to electronically capture and analyze disease information from
 Arizona hospitals and clinical laboratories. MEDSIS is a statewide system hosted and
 supported by the ADHS for use by local health departments, and individuals and
 institutions responsible for reporting communicable diseases. Participating institutions
 will electronically transmit disease information to MEDSIS. When completed, MEDSIS
 will be linked to numerous other data sources including other surveillance data sources.
- <u>Public Health Information Line (PHIL)</u> State health PIO's and the Bureau of Emergency Preparedness and Response are responsible for coordinating the scripting and activation of the State Public Health hotline. Information will be available to callers in other languages if needed on a 24-hour basis.
- <u>Satellite Communications Redundancy</u> Currently, Hospitals, Urgent Care Centers, Emergency Medical Services, and Public Health have many forms of satellite communication. A project was completed for 168 locations throughout the state to have redundant internet service from satellite systems. Satellite phones are also in place at all hospitals.

• 800 Megahertz Radio System - Arizona Department of Health Services entered into an agreement with the Phoenix Fire Department to develop and maintain a backup hospital communications plan. Using the Phoenix Wireless Regional Network (PWRN), each hospital has been equipped with a radio transmitter and desk set that allows communications on the PWRN 800 MHz Network. 5 channels have been designated as Medical Channels, and have the capability to be encrypted to provide confidential communications. The system has been designed to allow not only Medical Patching, but also to enable a hospital to be interoperable with local emergency response agencies during planned events, and major incidents. The system is online, and will require frequent testing and use for the Hospital Staff, Deployment Staff, and Operations Staff to become proficient with its use.

PHIN Compliant Information Systems

The Public Health Information Network (PHIN) is a national initiative to improve the capacity of public health to use and exchange information electronically by promoting the use of standards and defining technical requirements. The standards and technical requirements are determined by best practices related to efficient, effective, and interoperable public health information systems that support both routine public health activities and emergency preparedness and response.

PHIN Certification is a process to ensure that information systems have the necessary functional capabilities, can share data, and work together to implement a national network of interoperable public health information systems.

The following are the Functional Requirements for PHIN certification:

- Partner Communications and Alerting System
- Connecting Laboratory Systems
- Countermeasure & Response Administration System
- Early Event Detection System
- Outbreak Management System

ADHS was certified for all applications under SIREN (Partner Communications and Altering System) by PHIN 1.0 compliance documents in 2006. However, ADHS has not yet been reassessed for the new PHIN 2.0 compliance documents. ADHS anticipates an evaluation in the 08-09 grant year for the 2.0 requirements.

Communicating Preparedness Messages to the Public

There are multiple tools that are used to communicate preparedness messages with the public:

- Arizona 2-1-1 (www.az211.gov)
- Joint Information Center
- Arizona Division of Emergency Management community education and information activities
- Just in Case Arizona

Arizona 2-1-1

Arizona 2-1-1- (AZ 2-1-1) (<u>www.az211.gov</u>) is a statewide web-based system that provides the citizens of Arizona a single source for current information on emergency events, and emergency public awareness and preparedness campaigns.

The Emergency Bulletin System within Arizona 2-1-1 is used to supplement existing Alert and Warning systems currently is use and will not supersede any existing processes.

Joint Information Center (JIC)

The State of Arizona has a dedicated JIC located near the SEOC. This facility is divided into two sections: a working side and the media side.

The working side of the JIC is fully equipped with phones, computers, fax machines, copiers, televisions, conference rooms and multiple workstations. This facility provides the infrastructure for public information officers (PIOs) from all state agencies to work together to create unified messages for release to the public regarding protective measures, emergency updates or preparedness messaging.

The media side is equipped with extra phone lines, wireless internet, multi box, screen, laptop, projector and podium. This facility provides a functional place for PIO's to conduct press conferences and media briefings.

ADEM Community Education

ADEM is responsible for conducting community education and information activities in all phases of an emergency. There are many types of activities associated with educational outreach programs, such as:

- The media is provided with information on both routine and emergency developments affecting emergency management functions. This information reaches the public via television, cable, radio and newspapers.
- Lectures and other group presentations are provided to organizations and community-based institutions.
- Tours of the State Emergency Operations Center, briefings on emergency management and the responsibilities of the Division of Emergency Management are provided to groups, including schools, service organizations, scouting organizations, local military units and other interested organizations.
- Informative educational brochures are distributed to county emergency services/management offices, the general public and organizations in support of emergency preparedness and outreach efforts.

ADHS Just-in-Case Arizona

ADHS collaborated with other state agencies to execute a statewide, all-hazards preparedness campaign. The campaign's goal is to educate Arizonans about the importance of emergency

preparedness and encourage residents to take action. ADHS is working with local public health agencies, schools, community groups, and businesses across the state to raise awareness to ensure we are all better prepared for an emergency. Community business partnership support and grassroots marketing will be used to build awareness of the campaign and encourage Arizonans to take action and be prepared. In 2008, ADHS will implement new components of the campaign to address at-risk populations.

This public preparedness campaign includes a variety of public outreach initiatives including:

- Outreach events at local art fairs, National Preparedness Month, sports events, and other emergency preparedness opportunities
- Radio public service announcements (PSAs) in English and Spanish. These PSAs focus
 on an all-hazards approach to emergency preparedness. The PSAs accentuate the "be
 prepared to stay, be prepared to go" slogan and prompt listeners to visit az211.gov for
 more information.
- ADHS maintains several versions of the campaign's brochures. Updated versions of both the English and Spanish brochures will be printed and distributed to preparedness partners, including schools, clinics, libraries, fire departments, cities, homebound assistance programs and community centers, across the state. Additionally, existing English and Spanish translations of the Influenza Pandemic brochure will be updated.
- ADHS will partner with other state agencies to facilitate a poster contest for school-aged children. Children will be provided with basic preparedness concepts and asked to participate in the contest. The winning poster will be reproduced and distributed to schools across the state.
- Multiple newspaper ads were produced at the onset of the campaign. Although ADHS is not planning to purchase newspaper ads as a part of 2008 outreach efforts, these ads will be made available to local health departments, emergency managers and public information officers. These ads can be branded with the logo and name of the jurisdiction and placed in community and regional newspapers with daily or weekly circulations. These ads allow local entities (e.g., counties, tribes, cities etc.) to augment the statewide advertising and outreach efforts in their areas, while ensuring the dissemination of consistent and actionable messages.

Exercising Communication Processes

The JIC is exercised and tested at a minimum of two times annually. These exercises involve recalling personnel, activating the facility, developing joint press releases and participating in mock press conferences and interviews.

Arizona 2-1-1 (www.az211.gov) has a training website that is used during functional and full-scale exercises throughout the state. This website is password protected and allows exercise participants to view items that are submitted for public dissemination within exercise play. During these exercises, press release templates regarding emergency public information are used and revised based on exercise play. At the conclusion of the exercise, updates are made based on best practices.

OPERATING SUB-OBJECTIVE B.9.2: CULTURALLY-APPROPRIATE AND LANGUAGE SPECIFIC INFORMATION

PREPARE

Development of Culturally-Appropriate and Language-Specific Essential Information

The ADHS Pandemic Influenza Risk Communication plan addresses the development of culturally-appropriate risk communication messages. This plan ensures that messages generate concrete preparedness and self-defense instructions that reach all audiences and can be customized by local agencies.

Boilerplate and reactionary materials will be produced for at-risk populations, including non-English speakers and the illiterate. The plan addresses strategies to reach at-risk populations, including those that are:

- Geographically isolated
- Non-English speakers
- Pregnant
- Homeless
- Disabled
- Elderly
- Socially isolated
- Living with chronic disease
- Have an inability to read
- Children
- Have mobility impairments

The ADHS Pandemic Influenza Risk Communication Plan also references the Just in Case Arizona campaign and its particular outreach strategies to advocate emergency preparedness and target conventional and at-risk populations.

ADHS has utilized pictograms in public messaging and outreach such as in the Just in Case Arizona and ADHS Cover Your Cough campaign.

ADEM maintains a list of more than 500 statewide public information officers. The list is divided into functional areas and jurisdictional levels including; city, county, state, federal, tribal, law enforcement, fire, voluntary agencies, hospitals, schools and the private sector.



OPERATING SUB-OBJECTIVE B.9.3: DEVELOPMENT AND DISSEMINATION OF ESSENTIAL INFORMATION

RESPOND AND RECOVER

Crisis and Emergency Risk Communication Plan for All Phases of an Influenza Pandemic

The ADHS Pandemic Influenza Risk Communication plan was written to address public health risk communication strategies that will be implemented during all phases of an influenza pandemic. This plan is an annex to the ADHS Crisis Communication Plan. Procedures, principals, and concepts presented in the Pandemic Influenza Risk Communication Plan do not supplant nor supersede those outlined in the overarching ADHS Crisis Risk Communication Plan. Conversely, the messages are unique to a pandemic and correspond with U.S. and World Health Organization (WHO) markers.

State and Local Health Departments Working with Other Response Organizations

ADHS and local health departments work closely to craft public information messages during a public health emergency. Local health department PIOs will work closely with their respective local emergency management departments. Depending on what emergency response configuration exists at the local level, the local health department PIO may deploy to the local emergency operations center.

As stated previously, an ADHS PIO representative will deploy to the Joint Information Center (JIC) to assist in crafting the public health related messages with all other state agency PIOs deployed to the JIC. Additionally, the ADHS Public Health Incident Management System (PHIMS) designates an ADHS PIO representative that will operate out of the Health Emergency Operations Center (HEOC) to coordinate with the ADHS PIO representative that will be deployed to the JIC.

Designated Line and Staff for the Public Information Team

Aside from the PIO Office, the Incident Commander, the ADHS Director or their designee may authorize additional spokespersons during a pandemic. The following are approved spokespersons within ADHS:

- Director
- Deputy Director
- Communications Director
- Assistant Director, Public Health
- Public Information Officer, Public Health
- Deputy Assistant Director, Public Health
- State Epidemiologist
- Chief Medical Officer
- Chief, Bureau of Emergency Preparedness and Response
- Infectious Disease Specialist

Information Verification and Clearance/Approval Procedures for Public Information Releases

The ADHS Director, Deputy Director, and Assistant Director of Public Health or their designees will approve information for public use. When activated, approval will follow the PHIMS command structure.

Information posted to the ADHS website must be authorized by the Incident Manager and the ADHS Director of Communications (or his or her designee). All ADHS staff will contact the internal management structure or the ADHS Director of Communications (or his or her designee) for approval process specifics and confidentiality guidelines.

Media and Emergency Response Partners Contact List

Both ADEM and ADHS maintain media contact lists. These lists are shared among agencies and reconciled on a regular basis to ensure the most updated contact information. The ADHS Pandemic Influenza Risk Communication Plan includes appendices for both a media outlet contact list and statewide emergency response PIO list.

The Media Contact List contains the following major categories statewide:

- Television (English and Spanish)
- Radio (English and Spanish)
- Print (English and Spanish)
- Wire Services (includes tribal nations)

The Statewide Emergency Response PIO list contains contact information for the following groups:

- All major city PIOs
- All county PIOs
- EMS agencies
- Arizona-located federal agencies
- Fire departments and fire districts
- All hospitals in the state
- City and county law enforcement
- Military bases
- All schools (school districts and universities)
- State agency PIOs
- Tribal nation PIOs
- Utility companies
- Major volunteer groups such as the American Red Cross, Make a Difference, Arizona Humane Society, and the Salvation Army

<u>Procedures to Join the Joint Information Center (JIC) of the State Emergency Operations Center (SEOC)</u>

When an incident occurs and multiple agencies respond, there is a need for a coordinated message to reach the public. PIOs talking to each other regarding their agency's response are working within a Joint Information System. When the incident is complex or the media demand warrants it, a Joint Information Center is established for public information officers to work in one location, coordinate messaging, and speak with a unified voice. The Joint Information Center near the State Emergency Operations Center is a dedicated facility, ready to activate immediately Any agency that has a response during any phase of the incident (prepare, respond, recover, mitigate) is encouraged to participate in the Joint Information Center. ADEM will utilize the statewide PIO list to deploy the applicable PIOs to the JIC.

Plan to Rapidly Provide Needed Public Health Information to the Public

Critical Communication Links to Other Departments

Arizona 2-1-1 is a one-stop shop for unfolding emergency information. All agencies responding send information via email or fax to Arizona 2-1-1 where it is compiled into one emergency bulletin. Within that emergency bulletin, readers can click hyperlinks to read explanations regarding protective measures, view maps of shelter locations or donation sites, view incident photos, or read more about response agency activities.

Vehicles of Information Dissemination

As described above, ADHS maintains an extensive public health communications system. The ADHS communication systems are structured so that public health communications can be accomplished among all levels of state and local government. All the systems listed below are mechanisms that were developed to achieve interoperable and redundant communications. Currently, these systems are widely utilized by public health partners throughout the state.

- Health Alert Network Messaging HAN messaging is a web-based system to initiate the distribution of public health alerts. The system can distribute information by email, phone, text-pager, or fax. In addition, the system utilizes text-to-speech capability, that will read back typed information over the phone. This system is utilized for information dissemination to public health responders and stakeholders. In addition, this system supports teleconference-bridging capability for conference call meetings. The system is able to alert over three thousand people from partner agencies.
- <u>SIREN</u> (Secure Integrated Response Electronic Notification System) SIREN is both a system's architecture to support web-based applications (like MEDSIS, HAN messaging, and email, etc.) and supports the Public Health Preparedness Portal. This portal supports secure areas for response tracking. These secure portal spaces represent a virtual emergency operations center. Similarly, the system supports a secure online collaborative portal for sharing of information between local health jurisdictions and across the Mexico border. The system currently has over 2500 users statewide.
- AZ 2-1-1 (Arizona 2-1-1 Online) AZ 2-1-1 is a web-based data repository that includes information for the public about public services and other health and human services. In

- addition, the system has an emergency response area that is utilized to post public emergency bulletins.
- <u>EMSystem</u> EMsystem is a web-based Application Service Provider (ASP) that consists of three modules EMResource, EMTrack, EMCredential.
 - EMResource Provides real-time communication and resource management for everyone involved in emergency medical response. Authorized users log on to a secure web site and view regional emergency department status and available hospital resources to support patient transport and transfer decision-making. This system is accessed in over one hundred locations including hospitals and 911 dispatch centers in the state.
 - o EMTrack Facilitates communications with medical response teams, family reunification, and notifies hospitals of incoming patients. EMTrack collects and disseminates patient information and status to on-scene responders and medical facilities. The solution tracks patients from initial assessment through disposition, including triage, treatment, and transport of patients for daily and mass casualty operations. This system includes field scanners and a wireless access point for transmission of data to the web-based application.
 - o EMCredential Provides an integrated system for the advance registration and credentialing of health care professionals to support response to medical emergencies. Volunteers can register online and update their information 24/7. Administrators verify the credentials and assign emergency credential levels to volunteers. Authorized users can easily and quickly identify and mobilized health care volunteers, with the appropriate credentials, to assist during an emergency event. This system facilitates mutual aid of volunteer resources across State lines.
- MEDSIS (Medical Electronic Disease Surveillance Intelligence System) MEDSIS is a web-based application to electronically capture and analyze disease information from Arizona hospitals and clinical laboratories. MEDSIS is a statewide system hosted and supported by the ADHS for use by local health departments, and individuals and institutions responsible for reporting communicable diseases. Participating institutions will electronically transmit disease information to MEDSIS. When completed, MEDSIS will be linked to numerous other data sources including other surveillance data sources.
- <u>Public Health Information Line (PHIL)</u> State health PIO's and the Bureau of Emergency Preparedness and Response are responsible for coordinating the scripting and activation of the State Public Health hotline. Information will be available to callers in other languages if needed on a 24-hour basis.
- <u>Satellite Communications Redundancy</u> Currently, Hospitals, Urgent Care Centers, Emergency Medical Services, and Public Health have many forms of satellite communication. A project was completed for 168 locations throughout the state to have redundant internet service from satellite systems. Satellite phones are also in place at all hospitals.
- 800 Megahertz Radio System Arizona Department of Health Services entered into an
 agreement with the Phoenix Fire Department to develop and maintain a backup hospital
 communications plan. Using the Phoenix Wireless Regional Network (PWRN), each
 hospital has been equipped with a radio transmitter and desk set that allows
 communications on the PWRN 800 MHz Network. 5 channels have been designated as
 Medical Channels, and have the capability to be encrypted to provide confidential

communications. The system has been designed to allow not only Medical Patching, but also to enable a hospital to be interoperable with local emergency response agencies during planned events, and major incidents. The system is online, and will require frequent testing and use for the Hospital Staff, Deployment Staff, and Operations Staff to become proficient with its use.

Information that is sent to Arizona 2-1-1(<u>www.az211.gov</u>) will be updated on the website within one hour of receipt, 24/7/365.

If PIOs need to reach the media immediately, they will use the media alert system. This system, maintained by Arizona Department of Public Safety, allows subscribing media services to pick up a "hotline" and hear unfolding information from the PIO. This system allows the PIO to work quickly to get the same message to all media outlets.

Subject Matter Experts (SMEs)

The ADHS Pandemic Influenza Risk Communication Plan addresses the use of SMEs during the pandemic influenza event. ADHS, under the direction of the agency PIO, will establish a Speaker's Bureau of identified SMEs and agency spokespersons. The plan allows for identifying and training the SMEs in risk communication guidelines and principles during the Inter-Pandemic Period. During the Pandemic Period, ADHS will conduct regular media briefings including consulting with SMEs, will ensure the availability of the SMEs, and the sustainability of the Speaker's Bureau. For the Post-Pandemic Period, ADHS will dissect media interviews given by ADHS personnel and SMEs for content and observance of risk communication principles.

ADHS consults with SMEs on a regular basis during day-to-day business operations and during responses to real events such as the measles outbreak in the spring/summer of 2008. Some of these SMEs include:

- The Arizona Partnership for Immunization
- Association for Professionals in Infection Control and Epidemiology
- Arizona Local Health Officers Association
- Arizona Medical Association
- Arizona Hospital and Healthcare Association
- Arizona Emergency Services Association
- Arizona Pharmacy Alliance
- Arizona Academy of Pediatricians
- Arizona Chapter of the American Academy of Pediatrics
- Arizona Association of Community Health Centers
- Arizona Osteopathic Medical Association
- Board of Pharmacy
- Medical Examiner's Board
- Osteopathic Examiners Board
- Attorney General's Office
- Poison control centers

- Arizona Infectious Disease Society
- Centers for Disease Control (CDC), Division of Healthcare Quality Promotion
- CDC, Coordinating Office for Terrorism Preparedness & Emergency Response (COTPER)

Support Materials

In addition to general emergency preparedness messages and brochures, the Arizona Just in Case Campaign includes messaging specific to pandemic influenza. A tri-fold brochure (in English and Spanish) addresses topics such as:

- What is Influenza?
- Past Pandemics
- What is Arizona doing to prepare for pandemic influenza?
- What can I do to prepare for pandemic influenza?
- Links to helpful websites

Arizona State, Counties and Tribes have developed their own distribution materials and have produced local messages for public broadcast. Examples of these messages and distribution materials can be provided upon request. Currently, some Arizona Counties have distributed pandemic influenza educational materials (brochures) to all households in their jurisdiction. Radio public service announcements have also been recorded and are ready for use. Subject matter includes stay-at-home days, hand washing, and cover-your-cough. Educational materials currently available to distribute include:

- Individual and Family How to be Prepared for a Flu Pandemic Handbooks & Pocket Guides
- Individual and Family Treating Seasonal or Pandemic Flu at Home Handbooks
- Healthcare Staff Preparing for Pandemic Flu Handbooks
- Schools –Stop the Germs & Illness Handbooks
- Schools Clean Hands are Healthy Handbooks
- Tip cards for first responders, clinics, home visitors and shelters regarding vulnerable populations
- Multiple brochures (in English and Spanish) for hand hygiene, avoiding the flu-6 things you can do, keeping clean at school, workplace preparation, what to do if you are sick, the difference between pandemic flu and seasonal flu, grief and recovering from loss
- Stickers for children reminding them to wash, cover cough, etc.
- Handbooks for communicating with patients during urgent care (English & Spanish)
- Emergency kits for families and students that have been distributed county-wide, including flow charts for emergency response
- Local public service announcements have been developed and recorded to promote the following information:
 - o Educate the public to recognize the signs and symptoms of the flu
 - o Encourage the public to voluntarily self-isolate or self-quarantine and for how long
 - o Notify businesses that ill individuals should not go to work

- o Inform the public of hotline phone numbers and websites for pandemic influenza updates
- o Inform the public of where to obtain educational materials
- Announce the cancellation of large public gatherings (concerts, sporting events, etc.)

Hotlines or Other Community Resources

State health PIO's and the Bureau of Emergency Preparedness and Response are responsible for coordinating the scripting and activation of the State Public Health Information (PHIL) hotline. Information will be available to callers in other languages if needed on a 24-hour basis. The bilingual, 24/7 menu-driven information line can be accessed throughout Arizona (Metropolitan Phoenix (602) 364-4500 and statewide (800) 314-9243). In addition, the Arizona Department of Health Services has the capabilities in-place to activate a public health emergency information call center [Metropolitan Phoenix (602) 364-0244 and statewide (866) 894-1594]. This center would be activated and utilized to serve as the State's official "hotline" for Arizona citizen to call with question about pandemic influenza and to screen ill persons and their need to seek medical attention. Staff operating the call center will be trained by the Arizona Department of Health Services' Bureau of Emergency Preparedness and Response exercise and training personnel.

During state declared disasters, the Governor will activate the 2-1-1 Emergency Call Centers. This activation will allow citizens to use three-digit dialing (2-1-1) or call toll free (800-Go-To-211) and choose to hear an updated recorded message or reach a live operator. The 2-1-1 emergency call center can use an interpretation service to assist in answering questions from non-English speaking callers.

The main 2-1-1 Emergency Call Center is located adjacent to the Joint Information Center near the State Emergency Operations Center. This facility is ready to activate within 2 hours and contains 24 workstations. An additional 24 workstations are available in facilities at the Arizona Department of Transportation and the Arizona Department of Economic Security.

Individuals Responsible for Providing and Disseminating Multi-Media Essential Information to the General Public

When an incident occurs and multiple agencies respond, there is a need for a coordinated message to reach the public. PIOs talking to each other regarding their agency's response are working within a Joint Information System. When the incident is complex or the media demand warrants it, a Joint Information Center is established for public information officers to work in one location, coordinate messaging, and speak with a unified voice. The Joint Information Center near the State Emergency Operations Center is a dedicated facility, ready to activate immediately Any agency that has a response during any phase of the incident (prepare, respond, recover, mitigate) is encouraged to participate in the Joint Information Center. ADEM will utilize the statewide PIO list to deploy the applicable PIOs to the JIC.

The individuals responsible for providing and disseminating multi-media essential information to the general public are listed in the Statewide PIO contact list.

OPERATING SUB-OBJECTIVE B.9.4: CULTURALLY-APPROPRIATE AND LANGUAGE SPECIFIC INFORMATION

RESPOND AND RECOVER

Development of Culturally-Appropriate and Language-Specific Essential Information

The ADHS Pandemic Influenza Risk Communication plan addresses the development of culturally-appropriate risk communication messages. This plan ensures that messages generate concrete preparedness and self-defense instructions that reach all audiences and can be customized by local agencies.

Boilerplate and reactionary materials will be produced for at-risk populations, including non-English speakers and the illiterate. The plan addresses strategies to reach at-risk populations, including those that are:

- Geographically isolated
- Non-English speakers
- Pregnant
- Homeless
- Disabled
- Elderly
- Socially isolated
- Living with chronic disease
- Have an inability to read
- Children
- Have mobility impairments

The ADHS Pandemic Influenza Risk Communication Plan also references the Just in Case Arizona campaign and its particular outreach strategies to advocate emergency preparedness and target conventional and at-risk populations.

ADHS has utilized pictograms in public messaging and outreach such as in the Just in Case Arizona and ADHS Cover Your Cough campaign.

ADEM maintains a list of more than 500 statewide public information officers. The list is divided into functional areas and jurisdictional levels including; city, county, state, federal, tribal, law enforcement, fire, voluntary agencies, hospitals, schools and the private sector.



OPERATING SUB-OBJECTIVE B.9.5: MEDIA SPOKESPERSON

RESPOND AND RECOVER

List of Trained Spokespersons

Aside from the Public Information Office, the Incident Commander, the ADHS Director or their surrogate may authorize supplemental spokespersons during a pandemic. The following is a list of approved spokespersons within ADHS:

- Director
- Deputy Director
- Communications Director
- Assistant Director, Public Health
- Public Information Officer, Public Health
- Deputy Assistant Director, Public Health
- State Epidemiologist
- Chief Medical Officer
- Chief, Bureau of Epidemiology and Disease Control
- Infectious Disease Specialist

Up-to-Date Contact List of Key Stakeholders and Media Contacts

Both ADEM and ADHS maintain media contact lists. These lists are shared among agencies and reconciled on a regular basis to ensure the most updated contact information. The ADHS Pandemic Influenza Risk Communication Plan includes appendices for both a media outlet contact list and statewide emergency response PIO list.

The Media Contact List contains the following major categories statewide:

- Television (English and Spanish)
- Radio (English and Spanish)
- Print (English and Spanish)
- Wire Services (includes tribal nations)

The Statewide Emergency Response PIO list contains contact information for the following groups:

- All major city PIOs
- All county PIOs
- EMS agencies
- Arizona-located federal agencies
- Fire departments and fire districts
- All hospitals in the state
- City and county law enforcement
- Military bases
- All schools (school districts and universities)
- State agency PIOs

- Tribal nation PIOs
- Utility companies
- Major volunteer groups such as the American Red Cross, Make a Difference, Arizona Humane Society, and the Salvation Army

Regular Briefings and Updates with Key Stakeholders

The JIC conducts regular briefings both internally and with the media based on the scope of the event, type of incident, duration, protective actions required, and media interest.

When needed, the JIC will coordinate town halls or public meetings to facilitate the communication between response agencies and impacted citizens.

Ethnic/Language-Specific Media

ADEM works with Governor's Communication Office and other state agencies to identify language specific spokespersons when needed. Additionally, the Media Contact List contains the following major categories statewide:

- Television (English and Spanish)
- Radio (English and Spanish)
- Print (English and Spanish)
- Wire Services (includes tribal nations)

Main Media

The Governor's Communication Office will determine who the spokesperson(s) will be for an incident based on the scope, specialty and the media interest.

Special Needs and At-Risk Populations

ADEM coordinates with the Arizona Commission of the Deaf and Hard of Hearing and the Statewide Independent Living Council to use their communication networks to reach special needs and at-risk populations.

Testing and Exercising Communications Plans

Pandemic Influenza Communications Drill

The ADHS Pandemic Influenza Communications Drill exercise was held on May 6, 2008 and was developed to test statewide hospitals redundant communications capabilities. The following communications systems components were tested:

- 800 MHz radio
- Health Alert Network (HAN)
- Secure Integrated Response Electronic Notification (SIREN) System,
- EMSystem Bed Poll

Based on the exercise planning team's deliberations, the following objectives were developed for the Pandemic Influenza Communications Drill:

- Appropriate response within allotted time frame for a Bed Poll.
- Appropriate response to 800 MHz radio test.
- Appropriate and timely response of a HAN with SIREN reply.

The major strengths identified during this exercise are as follows:

- The majority of Bed Poll respondents did so in an appropriate amount of time.
- This Communications Drill was the first of its kind initiated by ADHS. Participation was better than expected and future exercises will be improved from having completed this drill.

Throughout the exercise, several opportunities for improvement in the participating hospitals' ability to respond to the incident were identified. The primary areas for improvement, including recommendations, are as follows:

- There are few specified back up contacts for SIREN users within the hospital preparedness community. Those with SIREN access are usually the preparedness coordinators and if they are unreachable there usually is not an alternate contact person. The suggestion resulting from this finding is that more hospital personnel be given SIREN access and that contact lists be updated and maintained.
- The pre-planned window of time for the 800 MHz radio test did not occur, which may have resulted in the fifty percent hospital response rate. Future tests should be unannounced allowing for more hospital personnel to be able to respond to a radio request under more realistic circumstances. However, if future tests are to be scheduled, then ADHS should ensure the pre-arranged time is adhered to.
- The majority of hospitals using the EMSystem responded and most within an appropriate amount of time.

Pandemic Influenza Medical Surge and Communications Functional Exercise

The ADHS Pandemic Influenza Functional exercise Medical Surge and Communications Series was held on May 6, 2008 and was developed to test participating hospital's medical surge response, redundant communications, and medical surge supply capabilities. The exercise planning team decided that the exercise focus would be the first week of a new influenza strain presenting at a local area hospital. The exercise design indicated that participants should view the scenario from the perspective of one local hospital (or clinic, depending on geographic location), and discuss plans from that vantage point. Another focus of the design team was to create an exercise that would stress a medical facility without completely overwhelming it.

Based on the exercise planning team's deliberations, the following objectives were developed for the Pandemic Influenza Medical Surge and Communications Tabletop Exercise:

• Exercising – test response capabilities between public agencies and healthcare agencies in key pandemic influenza reaction categories, and identify both positive outcomes and areas that require improvement.

- Planning assist hospitals in analyzing their current pandemic influenza/medical surge response plans.
- Training provide information to hospitals in selected areas that may be involved in a pandemic influenza situation.

The major strengths identified during this exercise are as follows:

- The exercise plan was well constructed, allowing players to critically think and learn from the scenario.
- The players were able to implement ICS and the forms needed for daily reporting and record keeping of events.

Throughout the exercise, several opportunities for improvement in the participating hospitals' ability to respond to the incident were identified. The primary areas for improvement, including recommendations, are as follows:

- Each of the participating agencies had a member on the design team, but on the day of the exercise, the majority of facilities had trouble designating a contact person, phone number, and email address. There were late starts, messages left, and behind the scenes calls to initiate participation. In the future an exercise such as this would benefit with redundant communications paths being identified prior to the exercise.
- The schedule of events for the 800 MHz radio call and the Bed Poll did not proceed as planned. Players' responses to the radio call in particular were fifty percent because they were expecting an alert at a specific time. Future exercises whose notification times are prearranged must remain so and simulation cell members (exercise practitioners) will be expected to stay with the schedule of events without variation.

Pandemic Influenza Medical Surge and Communications Exercise Series

In April 2008, ADHS designed and implemented a series of tabletop exercises to evaluate the health care system's ability to manage a medical surge resulting from pandemic influenza and identify areas for improvement. These tabletop exercises were held on April 15, 17, and 23, 2008 in Flagstaff, Scottsdale, and Tucson, respectively.

The exercise goals were to:

- Evaluate staffing, bed, and supply requirements for a medical surge event.
- Identify the triggers and corresponding plans and responses to be enacted during a medical surge.
- Demonstrate the ability to use redundant communications systems and follow communication protocols within the public health/emergency management system.

The exercise design objectives were to:

- Test response capabilities between public agencies and healthcare agencies in key pandemic influenza reaction categories, and identify both positive outcomes and areas that require improvement
- Assist hospitals in analyzing their current pandemic influenza/medical surge response plans.

• Provide information to hospitals in selected areas that may be involved in a pandemic influenza situation.

Major strengths identified included:

- The large majority of facilities, regardless of type, were extremely willing to discuss what they did know about their plans as well as if their plans were not adequate or did not exist for a certain topic area. It was stated by attendees who lacked full plans that they were able to learn from facilities that had broader plans.
- Facilities would continue to participate in exercises and felt it was a worthwhile learning experience.
- The players had a strong sense of their role(s) in NIMS and ICS. The majority of attendees were able to speak knowledgably about which part of the command structure had oversight of different areas of the response needs.

Primary areas for improvement included:

- Many institutions had plans, but the representatives sent to the exercise had either not seen then in detail, or had little knowledge of how existing plans would be enacted in a real-world incident. The suggestion was to ensure the appropriate personnel were assigned to attend the exercise and that the specific plans addressed would be present at the discussion.
- Mass fatality planning was not a strong area for participants. The attendees that had plans were few, and the majority of facilities that attended had little to no plans regarding mass fatality management. It was also a sensitive topic for attending Tribal representatives. Overall, this section lacked any substantial discussion, and this pertains to facilities statewide. In the future, this is an area that would be benefited by discussion and teaching sessions with various partners outside of the hospital community to be included.
- Many attendees stated that they were unaware of the details of the State of Arizona or their specific county health plans. Future actions include ensuring hospital partners are knowledgeable on how and where to access these plans.

Statewide Pandemic Influenza Tabletop Exercise

A state-wide Pandemic Influenza tabletop exercise was conducted in July, 2006. The exercise involved approximately 360 participants from various disciplines including:

- state and local public health
- tribal governments
- law enforcement
- fire services
- emergency medical services
- Metropolitan Medical Response System
- state agriculture
- acute care hospitals and health care facilities
- community health clinics
- school districts

- state universities
- emergency management

The tabletop scenario involved a pandemic influenza outbreak, which affected Arizona and the nation. The objectives for the exercise focused on:

- evaluating the plans for implementing the Incident Command System
- effectively transitioning to Unified Command
- the flow and sharing of public information within and among public health organizations, schools, tribes, acute care hospitals, health care, clinics, first responders, and emergency management
- determining available resources and acquiring these resources

In addition, participants were encouraged to exercise their own agency/company/ organization pandemic influenza plan in conjunction with this exercise. These activities and efforts provide an excellent mechanism to form and maintain community-wide health care coalitions to help meet patient surge expected from a pandemic influenza.

SEOC Communication Networks Tested

For every major exercise throughout the state which involves the Arizona Division of Emergency Management, an internal communication exercise is conducted in which ADEM tests its capability to contact emergency partners. In addition, ADEM participates in the annual Department of Defense Interoperable Communication Exercise (DICE) in which ADEM, FEMA, local jurisdictions and others test communications procedures. E-Team is soon to be added to the weekly communications systems testing procedures.

The JIC is exercised and tested at a minimum of two times annually. These exercises involve recalling personnel, activating the facility, developing joint press releases and participating in mock press conferences and interviews.

ADHS Communication Networks Tested

The ADHS call-down system is tested on a monthly basis. Key stakeholders are alerted to respond within a certain timeframe imbedded in the message. The system was built to comply with federal grant requirements. All exercise and real events utilize this system for activation of the Health Emergency Operations Center (HEOC). These drills are conducted to ensure a successful response to actual events.

In addition to monthly testing, ADHS utilizes the trainings as opportunities to conduct call-down drills. The following are two examples:

- January 28, 2008 HEOC Training Preparations for Super Bowl 2008
- April 29, 2008 HEOC Training

Appendix B.10 Mitigate the Impact of an Influenza Pandemic on Workers in the State

PREPARE

State and Federal Benefit Programs and Services that May Assist Workers

The following programs and services are available to mitigate the impact of an influenza pandemic on workers in Arizona:

- Workforce Investment Act program, Arizona Department of Economic Security (AADES)
- Dislocated Worker Rapid Response Unit, AADES
- Unemployment Insurance program, AADES
- Arizona Workforce Connection Virtual One Stop, AADES
- Coordinated Hunger Program, AADES
- Vocational Rehabilitation, AADES
- Food Stamp, Medical Assistance Eligibility and Cash Assistance, AADES
- Employer and Employee Resources, Arizona Department of Commerce (ADOC)
- Eviction/Foreclosure Prevention Services, Arizona Department of Housing (ADOH)
- Behavioral Health services, Arizona Department of Health Services (ADHS) Division of Behavioral Health Services (DBHS)

In the event of a Presidential Declaration of Disaster, additional services are available:

- Disaster Unemployment Assistance, AADES
- Disaster Food Stamp Program, AADES

Multiple agencies within the State of Arizona provide services to private-sector employees. These include:

- ADES
- ADOC
- ADOH
- Arizona Health Care Cost Containment System (AHCCCS) (the State's Medicaid agency)
- ADHS DBHS

The ADES Employment Administration provides statewide oversight of the Workforce Investment Act (WIA) including administrative functions for the delivery of WIA workforce services provided by the 14 Local Workforce Investment Areas (LWIAs), including the 19 Tribal Nations in the State. These agencies and entities provide a menu of services to eligible participants. If a pandemic flu should occur, the ADES WIA role would be to coordinate the delivery of services with the LWIAs. ADES WIA facilitated the delivery of such services for the victims of Hurricane Katrina.

Examples of the services that could be made available by ADES WIA include support services (such as transportation, housing, utility assistance, child care, or dependent care costs),

occupational training, basic skills training for completion of high school diplomas or GEDs, development of an individualized service plan, on-the-job or customized training, work experience assignments, assistance securing another job, and assessment to determine skill levels. These services are available to youth aged 14-21 and adults aged 18 and above, and would be available to private-sector workers impacted by a pandemic.

ADES WIA includes a Dislocated Worker Rapid Response Unit. In the event of a pandemic, the coordinator would facilitate rapid response events with the assigned rapid response staff from each LWIA to provide needed information on WIA services to workers and employers impacted by a pandemic.

In the event of a pandemic, ADES WIA would assist with an application to the U.S. Department of Labor to provide additional services to impacted workers for whom local WIA formula funds may be insufficient.

ADOC would address many of the same significant issues addressed by ADES WIA. However, as the lead agency for Arizona in assisting employers on this issue, the ADOA would focus primarily on employers, while ADES WIA would focus on workers/employees. The following information has been taken from the ADOC agency plan:

If a pandemic is declared, the Department of Commerce would coordinate with the Local Workforce Investment Board (LWIB) directors/managers to establish local business priorities, identify local business workforce needs, and provide outreach and support to local business in their areas using the local One Stop centers. Commerce would contact and coordinate with the career placement offices of the three state universities to identify a pool of skilled or semi-skilled workers within their respective student bodies who could fill the requirements of targeted local businesses as members of a temporary workforce. Utilizing an e-mail database, businesses could be notified directly of the services/facilitation that Commerce could provide to them; this same methodology could be used to query businesses as to what assistance they need to allow them to provide for continuity in their business operations. By establishing contact with their community and economic development partners statewide, Commerce could also facilitate the development of a statewide business needs assessment. In addition, Commerce could assist in arranging regional consortium grants to assist small businesses in meeting the training needs for new employees.

The ADES Unemployment Insurance (UI) program would process claims for individuals and determine whether individuals would be entitled to receive UI benefits. There is no provision in state law or rules that would allow UI payments for workers who are temporarily ill or unavailable for full-time work. However, Disaster Unemployment Assistance, through the U.S. Department of Labor, provides financial assistance to individuals whose employment or self-employment has been lost or interrupted as a direct result of a major disaster declared by the President of the United States. Should such a declaration by the President occur as the result of a pandemic, the financial assistance made available would be provided through the ADES UI program. ADES would be responsible for announcing the availability of Disaster Unemployment Assistance.

In accordance with Federal Vocational Rehabilitation requirements, the ADES Rehabilitation Services Administration (RSA) could not assist private-sector workers in a pandemic until they are able to return to work. If, however, as the result of a pandemic, the worker becomes disabled and loses his/her job or can no longer maintain their current employment, RSA could provide services to remove barriers for the worker in obtaining new employment.

ADES also administers the Food Stamp, medical assistance eligibility, and cash assistance programs. These programs are a means of ensuring a continuity of basic living standards until self-sufficiency is re-established and/or employment is obtained. These basic supports would be available to eligible workers who are impacted by a pandemic.

At ADES, there are two major programs that address the nutritional needs of families, the Food Stamp program and the Coordinated Hunger Program.

The ADES Food Stamp program, combined with the support provided by the Women, Infants and Children (WIC) program at the ADHS and the Free and Reduced Lunch program through the Arizona Department of Education (ADE), help to minimize the risks of poor nutrition for Arizona families. Benefits for the Food Stamp program are provided through an Electronic Benefits Transfer (EBT) system. Debit cards can be used by participants at Automated Teller Machines and Point of Sale devices located at most grocery stores; this is applicable only if the individual has a Cash Assistance account through ADES. A manual voucher process is also available and can be implemented to issue food assistance if necessary during a disaster. Individuals or families may apply for food stamps at more than 90 local offices throughout the state.

Individuals and families who do not qualify for these programs or who need one-time assistance with food may receive help through a statewide network of food banks. The ADES Office of Community Partnerships and Innovative Practices provides some financial support to Arizona's food banks.

The ADES Coordinated Hunger Program works with various federal, state and local organizations that provide food assistance to individuals and families and contracts with various hunger organizations to maximize resources. Among the services provided are food stamp outreach, food bank coordination, food boxes, commodities, coordination in rescuing produce that otherwise would go to waste (also called gleaning), and information on where to obtain food when in need. The ADES Coordinated Hunger Program administers the Emergency Food Assistance Program (TEFAP) that provides commodities from the U.S. Department of Agriculture for low-income households and congregate meals through contracts with regional food bank warehouses and a statewide food bank organization. The Coordinated Hunger Program also develops the capacity and capability and provides technical assistance in both rural and metropolitan areas of the state for food gleaning, solicitation of donated food, collection, distribution and transportation activities. Among others, the Program partners with the following:

- United Food Bank
- Community Food Bank
- Yuma Community Food Bank

- St. Mary's Food Bank Alliance
- St. Vincent De Paul Society
- Association of Arizona Food Banks
- Arizona Community Action Association
- Phoenix Revitalization Corporation
- Portable Practical Education Preparation

ADOH has limited resources available to assist with housing related needs for workers who may lose jobs or be unable to work as a result of a pandemic. Through community based non-profits, ADOH funds eviction and foreclosure assistance programs which, along with other economic resources, from ADES, may assist a household in staying in their current home until they are able to resume working. Additionally, these same programs might be of assistance in relocating a household to a new, more affordable unit should eviction or foreclosure become inevitable. ADOH would be particularly concerned about homeless populations during a pandemic and would be prepared in such a situation to work with homeless shelters to provide short-term alternatives to mass shelter operations which currently provide congregate sleeping and eating arrangements. Such alternatives might include short term rental of additional facilities to segregate populations to a greater degree or short term motel and meal vouchers to residents of mass shelters.

Services and Benefits that can be Provided with Social Distancing Practices in Place and with a Reduced State Workforce and Plans to Handle an Increase in Claims or Service

Since a pandemic would result in a reduced State workforce and the need to implement social distancing practices, additional alternate (not face-to-face) methods of providing critical services to add to those methods currently in place and described in this document, will be identified and evaluated for feasibility and effectiveness.

The ADES Unemployment Insurance (UI) program currently provides services that allow for social distancing. A computer-based interactive voice response system can be used to file a claim (English, Spanish and TTY access) from any area of the state and by individuals who are residing in another state and claiming benefits on an interstate basis. This system is available 24 hours a day, seven days a week. In addition, an online UI Initial Claim application allows unemployed individuals to file new or additional claims and to reopen existing Arizona claims via the Internet. Weekly claims can be filed through the telephone interactive voice response system or by using the online weekly claim filing application. ADES uses a debit card system for payment of UI benefits. A Virtual Office pilot program is currently underway with the ADES UI program, with Virtual Office UI employees in both Tucson and Yuma working from their homes. The pilot is proving successful, and has been approved to expand to include more staff from other ADES programs including the Division of Benefits and Medical Eligibility.

The Arizona Workforce Connection Virtual One Stop system, administered by ADES, offers online self-registration for employment information and services. This web-based tool is available to all residents with Internet access, and thus provides social distancing capabilities. This resource could also be used to provide information on community programs and other state

resource programs for unemployed workers who face loss of income and health care coverage during a pandemic.

The ADES Disaster Food Stamp Program Plan provides for the possibility that the state workforce may be reduced during a disaster. If there are Family Assistance Administration (FAA) local office closures or a reduction in available FAA staff in the impacted area, adjacent local office sites will be enhanced and expanded to handle additional staff to be relocated from unaffected areas of the state. If necessary, disaster application and issuance sites will be established in coordination with ADEM and American Red Cross within the disaster area and staffed by FAA employees. Should Arizona experience a disaster so severe that the number of staff available is not sufficient to provide services to disaster victims, Arizona will contact its FNS partners to assist with the recovery effort. In addition, Food Stamp policies allow for waiver of face-to-face interviews in cases of hardship as defined by the state agency. The following concepts allow flexibility in the utilization of available resources to meet increased demand for services and alternative service delivery methods:

- Virtual Office
- Call Center
- Document Management System technology and practice (scanned documents placed in the FAA View Center in lieu of hard copy case files in local offices)
- Health-e-Arizona (Arizona's web-based application tool)
- Customer Contact (no interview is necessary if documentation submitted meets requirements)

Planning for a pandemic is encouraging creative exploration and innovation in defining and evaluating possible methodologies for the provision of disaster-triggered services. Additional linkages and working relationships are developing between and among the public and private sectors. There is, in addition, acknowledgement that the state agency employees who provide services to the public may themselves experience a sharp reduction in numbers during a pandemic. Therefore, the criticality of services is being examined, and options for providing essential services to the public, demand for which may increase during and after a pandemic, with reduced staffing and with social distancing practices in place is being evaluated. Planning processes are currently being developed to ensure that essential services and staff are available to sustain agency missions and operations during and after a pandemic.

AHCCCS, Arizona's Medicaid agency, has worked hard to adopt Virtual Office and Telework capacity to ensure that the agency's essential functions can continue even with a large number of workers who may be out ill or caring for others during a pandemic. Since 2005, AHCCCS has been investing in technology enabling the agency to create a strong foundation that can support greater flexibility in how the agency does its work. AHCCCS invested in Voice Over Internet Protocol or telephony which also includes automatic call distribution and call center productivity, in imaging and scanning of documents to support workflow management and imaging systems infrastructure, and in web-based work processing applications through software for training and e-learning.

This new configuration of work and people provides AHCCCS with better ways to continue essential/critical agency functions in the event of a pandemic. As of April 2008, AHCCCS has

increased the number of workers who are 100% based in their homes to 335 Virtual Office workers per day. In addition, the agency averages 100-150 teleworkers per day. Should an extreme event occur, AHCCCS has the information technology capacity for most of its staff to work remotely and for 1,000 Virtual Office employees to work from their homes.

In February 2008, AHCCCS was asked to co-host, with the Governor's Office of Efficiency Review, a training session for all state agencies represented through the Governor's Cabinet on how to implement Virtual Office. More than twenty agencies attended the training. A Virtual Office pilot program is currently underway with the ADES Unemployment Insurance (UI) program, with Virtual Office UI employees in both Tucson and Yuma working from their homes. The pilot is proving successful, and has been approved to expand to include more staff from other ADES programs including the Division of Benefits and Medical Eligibility.

Coordinate with Current Workforce Partners

With ADHS as the lead agency, Arizona is developing, evaluating, and continuously improving comprehensive plans for managing the impact to the State's workforce, both public and private, of an influenza pandemic. This planning involves collaboration and coordination between and among multiple State agencies, our federal and local partners, and our partners in the private sector. The process of defining the workforce issues that would arise specific to a pandemic – reviewing and evaluating current applicable resources and communication methodologies as well as identifying gaps in the services and communications that would be required – is well under way. Since the needs of workers impacted by a pandemic may be wide-ranging, State agencies are also developing strategies and methodologies that will assist workers in connecting with the services and resources provided by other State agencies.

Significant work has been accomplished on identifying and defining critical, essential, and administrative business functions within the Business Continuity Plans of the agencies. At the State level, the State Emergency Response and Recovery Plan has been revised to reflect the roles and responsibilities of each State agency during a pandemic.

In the event of a pandemic, ADES would coordinate closely with our state partners and with our federal partner, the U.S. Department of Agriculture, Food and Nutrition Service (USDA FNS) to determine the need for and to provide for enhanced nutrition assistance for Arizona residents. If required, USDA FNS may authorize the use of Disaster Food Stamp Program (DFSP) procedures. With DFSP, an abbreviated application is used, and eligibility and verification requirements are limited. These procedures allow for handling an expected increase in applications for benefits. ADES, in partnership with USDA FNS, has successfully implemented the Disaster Food Stamp Program twice in recent years, during the Rodeo/Chediski Fire in 2002 and following Hurricane Katrina. These real life exercises resulted in lessons learned, which were incorporated into the annual review and revision of the DFSP Plan.

In the event of a pandemic, the ADES WIA Section would assist with an application to the U.S. Department of Labor to provide additional services to impacted workers for whom local WIA formula funds may be insufficient.

There is no provision in state law or rules that would allow Unemployment Insurance (UI) payments for workers who are temporarily ill or unavailable for full-time work. However, Disaster Unemployment Assistance, through the U.S. Department of Labor, provides financial assistance to individuals whose employment or self-employment has been lost or interrupted as a direct result of a major disaster declared by the President of the United States. Should such a declaration by the President occur as the result of a pandemic, the financial assistance made available would be provided through the ADES UI program.

Following historical precedent, the State would also collaborate with the media to use Public Service Announcements (PSAs) to draw the public's attention to the availability of Arizona 2-1-1 (AZ 2-1-1), an official disaster information outlet in times of emergencies or disasters, and to encourage residents without Internet connectivity to access vital information through use of computers owned by friends and neighbors or computers at their public libraries. Flyers and pamphlets containing information on accessing needed resources could be made available. ADOC would also partner with its community contacts to identify and provide experts who could simplify issues and provide interviews to media outlets statewide regarding the services and assistance available through ADOC.

Should a pandemic result in widespread worker absences and/or layoffs, the current existing relationships with federal and local officials would be the basis for communication, collaboration, and coordination. Each state agency and many individual public programs have long-standing, effective, and productive relationships with their federal and local partners; these relationships and mutual understandings will be invaluable when dealing with a pandemic.

Post-Pandemic Services or Benefits

The following programs and services are available to mitigate the impact of an influenza pandemic on workers in Arizona:

- Workforce Investment Act program, ADES
- Dislocated Worker Rapid Response Unit, ADES
- Unemployment Insurance program, ADES
- Arizona Workforce Connection Virtual One Stop, ADES
- Coordinated Hunger Program, ADES
- Vocational Rehabilitation, ADES
- Food Stamp, Medical Assistance Eligibility and Cash Assistance, ADES
- Employer and Employee Resources, ADOC
- Eviction/Foreclosure Prevention Services, ADOH
- Behavioral Health services, ADHS DBHS

In the event of a Presidential Declaration of Disaster, additional services are available:

- Disaster Unemployment Assistance, ADES
- Disaster Food Stamp Program, ADES

The ADES Employment Administration provides statewide oversight of the Workforce Investment Act (WIA) including administrative functions for the delivery of WIA workforce services provided by the 14 Local Workforce Investment Areas (LWIAs), including the 19 Tribal

Nations in the State. These agencies and entities provide a menu of services to eligible participants. If a pandemic flu should occur, the ADES WIA role would be to coordinate the delivery of services with the LWIAs. ADES WIA facilitated the delivery of such services for the victims of Hurricane Katrina.

Examples of the services that could be made available by ADES WIA include support services (such as transportation, housing, utility assistance, child care, or dependent care costs), occupational training, basic skills training for completion of high school diplomas or GEDs, development of an individualized service plan, on-the-job or customized training, work experience assignments, assistance securing another job, and assessment to determine skill levels. These services are available to youth aged 14-21 and adults aged 18 and above, and would be available to private-sector workers impacted by a pandemic

ADES WIA includes a Dislocated Worker Rapid Response Unit. In the event of a pandemic, the coordinator would facilitate rapid response events with the assigned rapid response staff from each LWIA to provide needed information on WIA services to workers and employers impacted by a pandemic.

In the event of a pandemic, ADES WIA would assist with an application to the U.S. Department of Labor to provide additional services to impacted workers for whom local WIA formula funds may be insufficient.

ADOC would address many of the same significant issues addressed by ADES WIA. However, as the lead agency for Arizona in assisting employers on this issue, the ADOC would focus primarily on employers, while ADES WIA would focus on workers/employees. The following information has been taken from the ADOC agency plan:

If a pandemic is declared, the Department of Commerce would coordinate with the Local Workforce Investment Board (LWIB) directors/managers to establish local business priorities, identify local business workforce needs, and provide outreach and support to local business in their areas using the local One Stop centers. Commerce would contact and coordinate with the career placement offices of the three state universities to identify a pool of skilled or semi-skilled workers within their respective student bodies who could fill the requirements of targeted local businesses as members of a temporary workforce. Utilizing an e-mail database, businesses could be notified directly of the services/facilitation that Commerce could provide to them; this same methodology could be used to query businesses as to what assistance they need to allow them to provide for continuity in their business operations. By establishing contact with their community and economic development partners statewide, Commerce could also facilitate the development of a statewide business needs assessment. In addition, Commerce could assist in arranging regional consortium grants to assist small businesses in meeting the training needs for new employees.

The ADES Unemployment Insurance (UI) program would process claims for individuals and determine whether individuals would be entitled to receive UI benefits. There is no provision in state law or rules that would allow UI payments for workers who are temporarily ill or

unavailable for full-time work. However, Disaster Unemployment Assistance, through the U.S. Department of Labor, provides financial assistance to individuals whose employment or self-employment has been lost or interrupted as a direct result of a major disaster declared by the President of the United States. Should such a declaration by the President occur as the result of a pandemic, the financial assistance made available would be provided through the ADES UI program. ADES would be responsible for announcing the availability of Disaster Unemployment Assistance.

The Arizona Workforce Connection Virtual One Stop system, administered by ADES, offers online self-registration for employment information and services. This web-based tool is available to all residents with Internet access, and thus provides social distancing capabilities. This resource could also be used to provide information on community programs and other state resource programs for unemployed workers who face loss of income and health care coverage during or after a pandemic.

In accordance with Federal Vocational Rehabilitation requirements, the ADES Rehabilitation Services Administration (RSA) could not assist private-sector workers in a pandemic until they are able to return to work. If, however, as the result of a pandemic, the worker becomes disabled and loses his/her job or can no longer maintain their current employment, RSA could provide services to remove barriers for the worker in obtaining new employment.

ADES also administers the Food Stamp, medical assistance eligibility, and cash assistance programs. These programs are a means of ensuring a continuity of basic living standards until self-sufficiency is re-established and/or employment is obtained. These basic supports would be available to eligible workers who are impacted by a pandemic.

At ADES, there are two major programs that address the nutritional needs of families, the Food Stamp program and the Coordinated Hunger Program.

The ADES Food Stamp program, combined with the support provided by the Women, Infants and Children (WIC) program at ADHS and the Free and Reduced Lunch program through ADE, help to minimize the risks of poor nutrition for Arizona families. Benefits for the Food Stamp program are provided through an Electronic Benefits Transfer (EBT) system. Debit cards can be used by participants at Automated Teller Machines and Point of Sale devices located at most grocery stores; this is applicable only if the individual has a Cash Assistance account through ADES. A manual voucher process is also available and can be implemented to issue food assistance if necessary during a disaster. Individuals or families may apply for food stamps at more than 90 local offices throughout the state.

Individuals and families who do not qualify for these programs or who need one-time assistance with food may receive help through a statewide network of food banks. The ADES Office of Community Partnerships and Innovative Practices provides some financial support to Arizona's food banks.

The ADES Coordinated Hunger Program works with various federal, state and local organizations that provide food assistance to individuals and families and contracts with various

hunger organizations to maximize resources. Among the services provided are food stamp outreach, food bank coordination, food boxes, commodities, coordination in rescuing produce that otherwise would go to waste (also called gleaning), and information on where to obtain food when in need. The ADES Coordinated Hunger Program administers The Emergency Food Assistance Program (TEFAP) that provides commodities from the U.S. Department of Agriculture for low-income households and congregate meals through contracts with regional food bank warehouses and a statewide food bank organization. The Coordinated Hunger Program also develops the capacity and capability and provides technical assistance in both rural and metropolitan areas of the state for food gleaning, solicitation of donated food, collection, distribution and transportation activities. Among others, the Program partners with the following:

- United Food Bank
- Community Food Bank
- Yuma Community Food Bank
- St. Mary's Food Bank Alliance
- St. Vincent De Paul Society
- Association of Arizona Food Banks
- Arizona Community Action Association
- Phoenix Revitalization Corporation
- Portable Practical Education Preparation

ADOH has limited resources available to assist with housing related needs for workers who may lose jobs or be unable to work as a result of a pandemic. Through community based non-profits, ADOH funds eviction and foreclosure assistance programs which, along with other economic resources, from ADES, may assist a household in staying in their current home until they are able to resume working. Additionally, these same programs might be of assistance in relocating a household to a new, more affordable unit should eviction or foreclosure become inevitable. ADOH would be particularly concerned about homeless populations during a pandemic and would be prepared in such a situation to work with homeless shelters to provide short-term alternatives to mass shelter operations which currently provide congregate sleeping and eating arrangements. Such alternatives might include short term rental of additional facilities to segregate populations to a greater degree or short term motel and meal vouchers to residents of mass shelters.

Arizona will comply with federal guidelines regarding FMLA laws relative to workers impacted by a pandemic. In addition, Arizona personnel rules allow eligible public employees to take up to 12 weeks of unpaid leave for, among other things, care of the employee's own serious health condition or care of an immediate family member who has a serious health condition. Arizona personnel rules also allow for the transfer of accumulated annual leave from one public employee to another under specified circumstances involving a seriously incapacitating illness or injury of the employee or a member of the employee's immediate family.

If an Arizona State employee believes that he/she caught the flu from another employee or a customer/client, the employee will be allowed to complete an accident report relative to a claim with Worker's Compensation. Risk Management within the Arizona Department of Administration will determine whether the claim is valid.

The State of Arizona provides resources that would assist state employees and their eligible dependents cope with the emotional and financial impact of a pandemic. The State's Employee Assistance Program (EAP) provides free, confidential, short-term counseling to help identify concerns. When needed, the EAP may refer employees and eligible dependents to an outside program for assistance.

A number of financial resources are available to state employees who may face financial hardship during or after a pandemic. Employees Helping Employees, for example, is an employee-run foundation that helps employees when they need short-term financial assistance.

Emergency community based resources such as the Arizona Food Banks Network and Consumer Credit Counseling can be found through the Arizona Department of Administration's Work/Life web site; these services are available to residents of the state.

In addition to carrying State and local emergency bulletins and alerts that are vital in times of disaster or emergency, AZ 2-1-1 is also designed to assist workers and their families locate a wide range of health and human services resources that might be needed during and after a pandemic. Examples of basic services described on AZ 2-1-1 include food and nutrition (including emergency food and food assistance), and legal and financial assistance (including cash assistance and utility assistance resources). AZ 2-1-1 also provides information on Medicaid and State funded local and non-profit resources throughout the state for behavioral health and substance abuse services.

ADHS DBHS administers Arizona's publicly funded behavioral health service system and provides behavioral health and substance abuse services to both federally eligible and State-only populations. Funding is provided from a variety of sources, including Medicaid, SCHIP, federal Block Grants, state appropriations and intergovernmental agreements. ADHS DBHS manages the delivery of services through contracts with four Regional Behavioral Health Authorities and five Tribal Regional Behavioral Health Authorities and Tribal Contractors. In addition, a sliding fee schedule (SFS) is used by providers offering discounted fees for services to individuals without health insurance. There are multiple SFS service sites in each county, and the locations are posted on the DBHS web site.

Activity Added by State

Workforce Pandemic Education Activities

A key issue for State agencies will be the availability of their own workforce during a pandemic. To assist the ADES workforce and their families understand and prepare for a pandemic, four informational documents were posted on the ADES intranet in August 2007. These documents included Flu Terms Defined (emphasis on pandemic), How Flu Spreads and Common Sense Precautions We Can Take, Planning for a Pandemic, and Flu Information Web Sites. Additional informational documents, including social distancing guidelines, will be posted for the workforce as warranted by events.

In addition, ADHS has posted a wealth of information relative to pandemic flu on their publicly available web site

Communications, Arizona 2-1-1 (AZ 2-1-1)

AZ 2-1-1 is a partnership between the State, non-profit organization, and local governments to provide call centers and Internet-based information and referral sources 24/7 in times of emergencies, disasters, and daily health and human service inquiries.

AZ 2-1-1 is a federally designated public access web site with the ability to activate the phone number in emergencies. AZ 2-1-1 is Arizona's official source for consolidated health and human services information, and supports state emergency events and preparedness information. AZ 2-1-1 is available in English and in Spanish.

As of January 2007, there were over 3,300 state and local public and non-profit organizations and agencies in the database with information about 13,227 programs and listings of over 17,500 services statewide. The Arizona Government Information Technology Agency (GITA), Arizona's strategic planning and coordination agency for information technology, is the operation partner for AZ 2-1-1 and provides the infrastructure to maintain the web site, the health and human services provider database, and the system help desk and training functions to support call center operations.

AZ 2-1-1 supports the State Emergency Response and Recovery Plan as an official disaster information outlet in times of emergencies or disasters to inform citizens about road closures, evacuation routes, relief services, volunteer opportunities, and donation instructions. AZ 2-1-1 is part of Arizona's disaster preparedness infrastructure and has supported the State's emergency exercises. AZ 2-1-1 was an important part of Arizona's assistance to Hurricane Katrina victims, responding to over 5,000 volunteer contacts during Hurricane Katrina and providing information on health and human service resources.

Events would very quickly evolve during a pandemic, and new information could be made expeditiously available to the public through AZ 2-1-1. For example, a Presidential Declaration of Disaster, which would trigger Disaster Unemployment Assistance and the Disaster Food Stamp Program, could be quickly announced. AZ 2-1-1 could also be used, in addition to established internal agency communications, to communicate the availability of new programs or services to all State employees.

ADOC would develop a media message to inform both workers and employers of the value of using the AZ 2-1-1 web site and its link to the Arizona Workforce Connection for updates on the services and assistance available.

In the event of an influenza pandemic, AZ 2-1-1 is available for use as a source for the most current information on such things as business closures, hospital availability, school closings, and vaccination sites. In addition, AZ 2-1-1 can provide information such as community health education relative to the signs and symptoms of flu, caring for flu victims, and steps to take to reduce transmission of the flu.

RESPOND AND RECOVER

Communicating New Programs or Services to State Workers

Arizona 2-1-1, (described under Activity Added by State, Communications, Arizona 2-1-1 in this document), would be activated to provide information to workers and employers impacted by a pandemic on the resources available within multiple State agencies to assist them and their families during and following a pandemic. Arizona 2-1-1 would also be used, in addition to established internal agency communications, to communicate the availability of new programs or services to all State employees. Additional communication methods that would be used include agency web sites and established e-mail databases. In conjunction with these communications tools, and since methods of providing information to workers may vary from community to community, another method commonly used is to broadcast via emergency radio and TV.

ADOC would develop a media message to inform both workers and employers of the value of using the AZ 2-1-1 web site and its link to the Arizona Workforce Connection for updates on the services and assistance available. ADOC would also partner with its community contacts to identify and provide experts who could simplify issues and provide interviews to media outlets statewide regarding the services and assistance available through Commerce.

Implementing Programs for Assisting Workers during a Pandemic

In addition to the programs and services available now, in the event of a Presidential Declaration of Disaster, additional services including Disaster Unemployment Assistance and the Disaster Food Stamp Program would be available through ADES.

There is no provision in state law or rules that would allow Unemployment Insurance (UI) payments for workers who are temporarily ill or unavailable for full-time work. However, Disaster Unemployment Assistance, through the U.S. Department of Labor, provides financial assistance to individuals whose employment or self-employment has been lost or interrupted as a direct result of a major disaster declared by the President of the United States. Should such a declaration by the President occur as the result of a pandemic, the financial assistance made available would be provided through the ADES UI program. ADES would be responsible for announcing the availability of Disaster Unemployment Assistance.

In the event of a pandemic, ADES would coordinate closely with our state partners and with our federal partner, the U.S. Department of Agriculture, Food and Nutrition Service (USDA FNS) to determine the need for and to provide for enhanced nutrition assistance for Arizona residents. If required, USDA FNS may authorize the use of Disaster Food Stamp Program (DFSP) procedures. With DFSP, an abbreviated application is used, and eligibility and verification requirements are limited. These procedures allow for handling an expected increase in applications for benefits. ADES, in partnership with USDA FNS, has successfully implemented the Disaster Food Stamp Program twice in recent years, during the Rodeo/Chediski Fire in 2002 and following Hurricane Katrina. These real-world incidents resulted in lessons learned, which were incorporated into the annual review and revision of the DFSP Plan.

The ADES Workforce Investment Act (ADES WIA) Section includes a Dislocated Worker Rapid Response Unit. In the event of a pandemic, the coordinator would facilitate rapid response events with the assigned rapid response staff from each Local Workforce Investment Area to provide needed information on WIA services to workers and employers impacted by a pandemic.

In the event of a pandemic, ADES WIA would assist with an application to the U.S. Department of Labor to provide additional services to impacted workers for whom local WIA formula funds may be insufficient.

ADES also administers the Food Stamp, medical assistance eligibility, and cash assistance programs. These programs are a means of ensuring a continuity of basic living standards until self-sufficiency is re-established and/or employment is obtained. These basic supports would be available to eligible workers who are impacted by a pandemic.

At ADES, there are two major programs that address the nutritional needs of families, the Food Stamp program and the Coordinated Hunger Program. Individuals and families who do not qualify for these programs or who need one-time assistance with food may receive help through a statewide network of food banks. The ADES Office of Community Partnership and Innovative Practices provides some financial support to Arizona's food banks.

The ADES Coordinated Hunger Program works with various federal, state and local organizations that provide food assistance to individuals and families and contracts with various hunger organizations to maximize resources. Among the services provided are food stamp outreach, food bank coordination, food boxes, commodities, coordination in rescuing produce that otherwise would go to waste (also called gleaning), and information on where to obtain food when in need. The ADES Coordinated Hunger Program administers the Emergency Food Assistance Program (TEFAP) that provides commodities from the U.S. Department of Agriculture for low-income households and congregate meals through contracts with regional food bank warehouses and a statewide food bank organization. The Coordinated Hunger Program also develops the capacity and capability and provides technical assistance in both rural and metropolitan areas of the state for food gleaning, solicitation of donated food, collection, distribution and transportation activities.

If a pandemic is declared, ADOC would coordinate with the Local Workforce Investment Board (LWIB) directors/managers to establish local business priorities, identify local business workforce needs, and provide outreach and support to local business in their areas using the local One Stop centers. Commerce would contact and coordinate with the career placement offices of the three state universities to identify a pool of skilled or semi-skilled workers within their respective student bodies who could fill the requirements of targeted local businesses as members of a temporary workforce. Utilizing an e-mail database, businesses could be notified directly of the services/facilitation that Commerce could provide to them; this same methodology could be used to query businesses as to what assistance they need to allow them to provide for continuity in their business operations. By establishing contact with their community and economic development partners statewide, Commerce could also facilitate the development of a

statewide business needs assessment. In addition, Commerce could assist in arranging regional consortium grants to assist small businesses in meeting the training needs for new employees.

ADOH has limited resources available to assist with housing related needs for workers who may lose jobs or be unable to work as the result of a pandemic. Through community based non-profits, DOH funds eviction and foreclosure assistance programs which, along with other economic resources, from ADES, may assist a household in staying in their current home until they are able to resume working. Additionally, these same programs might be of assistance in relocating a household to a new, more affordable unit should eviction or foreclosure become inevitable.

Arizona will comply with federal guidelines regarding FMLA laws relative to workers impacted by a pandemic. In addition, Arizona personnel rules allow eligible public employees to take up to 12 weeks of unpaid leave for, among other things, care of the employee's own serious health condition or care of an immediate family member who has a serious health condition. Arizona personnel rules also allow for the transfer of accumulated annual leave from one public employee to another under specified circumstances involving a seriously incapacitating illness or injury of the employee or a member of the employee's immediate family.

If an Arizona State employee believes that he/she caught the flu from another employee or a customer/client, the employee will be allowed to complete an accident report relative to a claim with Worker's Compensation. Risk Management within the Arizona Department of Administration will determine whether the claim is valid.

The State of Arizona provides resources that would assist state employees and their eligible dependents cope with the emotional and financial impact of a pandemic. The State's Employee Assistance Program (EAP) provides free, confidential, short-term counseling to help identify concerns. When needed, the EAP may refer employees and eligible dependents to an outside program for assistance.

A number of financial resources are available to state employees who may face financial hardship during or after a pandemic. Employees Helping Employees, for example, is an employee-run foundation that helps employees when they need short-term financial assistance. Emergency community based resources such as the Arizona Food Banks Network and Consumer Credit Counseling can be found through the Arizona Department of Administration's Work/Life web site; these services are also available to residents of the state.

In addition to carrying State and local emergency bulletins and alerts that are vital in times of disaster or emergency, AZ 2-1-1 is also designed to assist workers and their families locate a wide range of health and human services resources that might be needed during and after a pandemic. Examples of basic services described on AZ 2-1-1 include food and nutrition (including emergency food and food assistance), and legal and financial assistance (including cash assistance and utility assistance resources). AZ 2-1-1 also provides information on Medicaid and State funded local and non-profit resources throughout the state for behavioral health and substance abuse services.

The Division of Behavioral Health Services (DBHS) within DHS administers Arizona's publicly funded behavioral health service system and provides behavioral health and substance abuse services to both federally eligible and State-only populations. Funding is provided from a variety of sources, including Medicaid, SCHIP, federal Block Grants, state appropriations and intergovernmental agreements. DBHS manages the delivery of services through contracts with four Regional Behavioral Health Authorities and five Tribal Regional Behavioral Health Authorities and Tribal Contractors. In addition, a sliding fee schedule (SFS) is used by providers offering discounted fees for services to individuals without health insurance. There are multiple SFS service sites in each county, and the locations are posted on the DBHS web site.

Implementing Programs for Assisting Workers after a Pandemic

In addition to the programs and services available now, in the event of a Presidential Declaration of Disaster, additional services including Disaster Unemployment Assistance and the Disaster Food Stamp Program would be available through ADES.

There is no provision in state law or rules that would allow Unemployment Insurance (UI) payments for workers who are temporarily ill or unavailable for full-time work. However, Disaster Unemployment Assistance, through the U.S. Department of Labor, provides financial assistance to individuals whose employment or self-employment has been lost or interrupted as a direct result of a major disaster declared by the President of the United States. Should such a declaration by the President occur as the result of a pandemic, the financial assistance made available would be provided through the ADES UI program. ADES would be responsible for announcing the availability of Disaster Unemployment Assistance.

Both during and after a pandemic, ADES would coordinate closely with our state partners and with our federal partner, the U.S. Department of Agriculture, Food and Nutrition Service (USDA FNS) to determine the need for and to provide for enhanced nutrition assistance for Arizona residents. If required, USDA FNS may authorize the use of Disaster Food Stamp Program (DFSP) procedures. With DFSP, an abbreviated application is used, and eligibility and verification requirements are limited. These procedures allow for handling an expected increase in applications for benefits. ADES, in partnership with USDA FNS, has successfully implemented the Disaster Food Stamp Program twice in recent years, during the Rodeo/Chediski Fire in 2002 and following Hurricane Katrina.

The ADES Workforce Investment Act (ADES/WIA) Section includes a Dislocated Worker Rapid Response Unit. During or after a pandemic, as appropriate and necessitated by events, the coordinator would facilitate rapid response events with the assigned rapid response staff from each Local Workforce Investment Area to provide needed information on WIA services to workers and employers impacted by a pandemic.

ADES/WIA would assist with an application to the U.S. Department of Labor to provide additional services to impacted workers for whom local WIA formula funds may be insufficient.

ADES also administers the Food Stamp, medical assistance eligibility, and cash assistance programs. These programs are a means of ensuring a continuity of basic living standards until

self-sufficiency is re-established and/or employment is obtained. These basic supports would be available to eligible workers who are impacted by a pandemic.

At ADES, there are two major programs that address the nutritional needs of families, the Food Stamp program and the Coordinated Hunger Program. Individuals and families who do not qualify for these programs or who need one-time assistance with food may receive help through a statewide network of food banks. The ADES Office of Community Partnership and Innovative Practices provides some financial support to Arizona's food banks.

The ADES Coordinated Hunger Program works with various federal, state and local organizations that provide food assistance to individuals and families and contracts with various hunger organizations to maximize resources. Among the services provided are food stamp outreach, food bank coordination, food boxes, commodities, coordination in rescuing produce that otherwise would go to waste (also called gleaning), and information on where to obtain food when in need. The ADES Coordinated Hunger Program administers The Emergency Food Assistance Program (TEFAP) that provides commodities from the U.S. Department of Agriculture for low-income households and congregate meals through contracts with regional food bank warehouses and a statewide food bank organization. The Coordinated Hunger Program also develops the capacity and capability and provides technical assistance in both rural and metropolitan areas of the state for food gleaning, solicitation of donated food, collection, distribution and transportation activities.

The Arizona Department of Housing (DOH) has limited resources available to assist with housing related needs for workers who may lose jobs or be unable to work as the result of a pandemic. Through community based non-profits, DOH funds eviction and foreclosure assistance programs which, along with other economic resources, from ADES, may assist a household in staying in their current home until they are able to resume working. Additionally, these same programs might be of assistance in relocating a household to a new, more affordable unit should eviction or foreclosure become inevitable.

During and after a pandemic, ADOC would coordinate with the Local Workforce Investment Board (LWIB) directors/managers to establish local business priorities, identify local business workforce needs, and provide outreach and support to local business in their areas using the local One Stop centers. Commerce would contact and coordinate with the career placement offices of the three state universities to identify a pool of skilled or semi-skilled workers within their respective student bodies who could fill the requirements of targeted local businesses as members of a temporary workforce. Utilizing an e-mail database, businesses could be notified directly of the services/facilitation that Commerce could provide to them; this same methodology could be used to query businesses as to what assistance they need to allow them to provide for continuity in their business operations. By establishing contact with their community and economic development partners statewide, Commerce could also facilitate the development of a statewide business needs assessment. In addition, Commerce could assist in arranging regional consortium grants to assist small businesses in meeting the training needs for new employees.

In accordance with Federal Vocational Rehabilitation requirements, the ADES Rehabilitation Services Administration (RSA) could not assist private-sector workers in a pandemic until they are able to return to work. If, however, as the result of a pandemic, the worker becomes disabled and loses his/her job or can no longer maintain their current employment, RSA could provide services to remove barriers for the worker in obtaining new employment.

Arizona will comply with federal guidelines regarding FMLA laws relative to workers impacted by a pandemic. In addition, Arizona personnel rules allow eligible public employees to take up to 12 weeks of unpaid leave for, among other things, care of the employee's own serious health condition or care of an immediate family member who has a serious health condition. Arizona personnel rules also allow for the transfer of accumulated annual leave from one public employee to another under specified circumstances involving a seriously incapacitating illness or injury of the employee or a member of the employee's immediate family.

The State of Arizona provides resources that would assist state employees and their eligible dependents cope with the emotional and financial impact of a pandemic. The State's Employee Assistance Program (EAP) provides free, confidential, short-term counseling to help identify concerns. When needed, the EAP may refer employees and eligible dependents to an outside program for assistance.

A number of financial resources are available to state employees who may face financial hardship during or after a pandemic. Employees Helping Employees, for example, is an employee-run foundation that helps employees when they need short-term financial assistance.

Emergency community based resources such as the Arizona Food Banks Network and Consumer Credit Counseling can be found through the Arizona Department of Administration's Work/Life web site; these services are available to residents of the state.

In addition to carrying State and local emergency bulletins and alerts that are vital in times of disaster or emergency, AZ 2-1-1 is also designed to assist workers and their families locate a wide range of health and human services resources that might be needed during and after a pandemic. Examples of basic services described on AZ 2-1-1 include food and nutrition (including emergency food and food assistance), and legal and financial assistance (including cash assistance and utility assistance resources). AZ 2-1-1 also provides information on Medicaid and State funded local and non-profit resources throughout the state for behavioral health and substance abuse services.

The Division of Behavioral Health Services (DBHS) within DHS administers Arizona's publicly funded behavioral health service system and provides behavioral health and substance abuse services to both federally eligible and State-only populations. Funding is provided from a variety of sources, including Medicaid, SCHIP, federal Block Grants, state appropriations and intergovernmental agreements. DBHS manages the delivery of services through contracts with four Regional Behavioral Health Authorities and five Tribal Regional Behavioral Health Authorities and Tribal Contractors. In addition, a sliding fee schedule (SFS) is used by providers offering discounted fees for services to individuals without health insurance. There are multiple SFS service sites in each county, and the locations are posted on the DBHS web site.

Testing and Exercising Mitigating the Impact on Workers in the State

AZ 2-1-1

AZ 2-1-1 has demonstrated its effectiveness as an official disaster information outlet in times of emergencies or disasters in providing vital information to the State's residents. In past emergencies such as the Brins Fire near Sedona in 2006, AZ 2-1-1 handled 37,789 Web visits, 13,626 incoming phone calls, 11,999 callers listening to pre-recorded messages, and 919 residents requesting to speak to a live agent (897 English, 22 Spanish).

Hurricane Katrina

A real-life exercise in disaster management and subsequent self-assessment was encountered when Hurricane Katrina resulted in the relocation to Arizona of approximately 2,300 evacuee households. ADES took the lead in establishing fully integrated Family Transition Assistance Centers for evacuees in two locations, with state and local agencies partnering to provide nearly 20 critical services to these evacuee families including, but not limited to, food stamps, cash assistance, housing, health insurance, transportation, employment services, child care, and mental health/substance abuse services. During both the Hurricane Katrina aftermath and the Rodeo/Chediski Fire in 2002, ADES successfully implemented its Disaster Food Stamp Program (DFSP). Assessment of the effectiveness of these efforts provided valuable lessons learned that have enhanced emergency planning efforts.

2006 Statewide Pandemic Influenza Tabletop Exercise

In July 2006, AHCCCS, ADES, DOA and DOH were involved in the Statewide Pandemic Influenza Tabletop Exercise sponsored by ADHS.

TOPOFF IV

In October 2007, ADES participated, along with other state agencies, in the TOPOFF IV exercise, a multi-level, multi-agency and multi-jurisdictional national emergency exercise. TOPOFF IV provided ADES and other state agencies with an opportunity to test emergency preparedness objectives in a highly visible environment, with federal and international observers, in addition to the media, witnessing the event. ADES also participated in a two-part follow-up exercise, which included tabletop exercises in Arizona and Washington, D.C. An After Action Quick Look report was published by the Federal Department of Homeland Security on November 19, 2007, which provided initial high level observations on the October exercise. A full after action report, with specific agency observations and recommendations, has yet to be published. ADES has developed interim recommendations to improve future emergency responses.

ADOC Pandemic Response Plan

ADOC tested its Pandemic Response plan with 100% success. The Plan calls for critical areas of agency operations to function via the webVPN portal. The test demonstrated that the agency

network server was fully able to handle the demand of a high number of telecommuting staff working off-site.

Appendix B.11

Understand Official Communication Mechanisms for Foreign Missions, International Organizations, and Their Members in the United States

RESPOND AND RECOVER

Including Foreign Missions in the Distribution Lists of Public Messages

Arizona has Mexican, Canadian, Guatemalan, and El Salvadorian consular offices and a number of foreign honorary consuls. The Arizona Office of Governor Janet Napolitano has established guidelines for the sharing of information and the provision of guidance between the State of Arizona and the Mexican Consuls and the Canadian Consuls during emergencies, including an influenza pandemic. This is coordinated through Marco A. Lopez, Jr., Senior Advisor to Governor Janet Napolitano.

In addition, Arizona and the State of Sonora, Mexico have established through a Declaration of Cooperation a formal protocol to share public health information across the Arizona-Sonora Border during a public health emergency and are working to establish an Arizona-Sonora Regional Influenza Pandemic Response Plan.

Diplomatic Mission

Arizona has Mexican, Canadian, Guatemalan, and El Salvadorian consular offices. The Arizona Office of Governor Janet Napolitano has established guidelines for the sharing of information and the provision of guidance between the State of Arizona and the Mexican Consuls and the Canadian Consuls during an influenza pandemic.

- Marco A. Lopez, Jr., Senior Advisor to Governor Janet Napolitano will contact the Mexican and Canadian Consuls and act as the liaison to these foreign diplomats.
- The Mexican Consul in Phoenix will act as the liaison with the Consuls from Guatemala and El Salvador.
- The Consuls will communicate with their registered citizens through existing and available Arizona State communication systems, including the Arizona 2-1-1 (AZ 2-1-1) Emergency Bulletin System (EBS). The Consuls may use AZ 2-1-1 to disseminate critical emergency information to their citizens in a timely and accurate manner. AZ 2-1-1 serves as a single voice of information about the unfolding events. Responding emergency response agencies share protective measures or pertinent information regarding the event with the EBS on call team. This information includes shelter locations, road closures, updated event information, health concerns, maps, where to make donations and how to volunteer.
- In a declared State of Emergency, the inviolability of the Consuls, their family, and their executive staff will be provided through the Arizona Continuity of Government Plan (COG). The COG is a plan to evacuate several hundred of the executive branch of government's employees to a secure location to provide for the continuance of government and provide means to maintain direction and control of the State. Operation Copper Dome provides for the activation of a plan based on a declaration from the Governor declaring a State of Emergency which requires the government to re-locate the

- executive branch from the Phoenix metro area. The plan allows the Governor to relocate several hundred of her staff, succession officials, and the Consuls to a remote secure location. This plan has been exercised and has a proof of concept.
- The security and protection of foreign honorary consuls and other foreign citizens, during an influenza pandemic will be handled in the same manner as all other categories of Arizona's non-permanent resident population (temporary residents, winter visitors, migrant workers, and tourists.) This is addressed in general in the Arizona Influenza Pandemic Response Plan, the Arizona State Emergency Response and Recovery Plan, and the Arizona State Business Continuity Planning efforts.

Declaration of Cooperation between Arizona and State of Sonora, Mexico

Arizona and the State of Sonora, Mexico have established through a Declaration of Cooperation a formal protocol to share public health information across the Arizona-Sonora Border during a public health emergency and are working to establish an Arizona-Sonora Regional Influenza Pandemic Response Plan. The Declaration of Cooperation between the State of Arizona and the State of Sonora, Mexico was entered into on June 17, 2006.

The Arizona Department of Health Services (ADHS), Office of Border Health, supports this declaration by promoting and protecting the health of all border area residents through sound, competent public health practices along the Arizona-Sonora border. Major preparedness planning initiatives include:

- Early Warning Infectious Disease Surveillance (EWIDS)
 - Overall goal of EWIDS project is to improve epidemiology, surveillance, communications, and laboratory capacity along U.S.-Mexico border to strengthen cross-border activities in early detection, identification, and reporting of infectious diseases associated with potential bio-terrorism agents or other major threats to public health.
- Binational Terrorism and Public Health Emergency Response Preparedness
 - The Office of Border Health provides support and coordination to Terrorism and Public Health Emergency planning and preparedness efforts. These activities are being conducted binationally in collaboration with the Binational Health Office in Sonora.
- U.S.-Mexico Border Health Commission Arizona Delegation
 - o The primary goals of the U.S.-Mexico Border Health Commission (USMBHC) are (1) institutionalize a domestic focus on border health which can transcend political changes and (2) create an effective venue for binational discussion to address public health issues and problems which affect the United States-Mexico border populations. Arizona Commission Members are Susan Gerard, Dr. Cecilia Rosales, and Emma Torres.

Progress on the Arizona-Sonora Regional Influenza Pandemic Response Plan includes:

• ADHS, Office of Border Health, meeting to brief Michael Leavitt, U.S. Secretary of Health and Human Services – June 21, 2006.

- ADHS Office of Border Health, working in collaboration with the ADHS Bureau of Emergency Preparedness and Response applied for Phase II Pandemic Influenza funds from CDC to cover cost of regional planning.
- ADHS Office of Border Health, meeting with U.S.-Mexico Border Health Commission, worked with Mexican counterparts to prepare for upcoming U.S.-Mexico Border Governors Conference Health Worktable, August 8, 2006.
- U.S.-Mexico Border Governors Conference Health Worktable meeting. Arizona and Sonora assume co-chair positions. Pandemic Influenza preparedness added to recommendations for governors, August 26, 2006.
- ADHS Office of Border Health, collaboration with California Department of Health Services in development of border readiness plans secondary to proclamation made by California Governor Schwarzenegger. August 26, 2006.
- ADHS Office of Border Health, meeting with Secretaria de Salud in Hermosillo, September 21, 2006.
- Binational EWIDS/Pan Flu meeting in Tijuana October 24-25, 2006.
- U.S.-Mexico Border Health Commission Pandemic Influenza Forum in Hermosillo November 13, 2006.
- Comisión Sonora-Arizona meeting in Puerto Peñasco, November 16, 2006.
- Preparation Binational Pandemic Influenza Readiness Workshop in San Diego, November 2006 to present.
- Arizona and Sonora Pandemic Influenza Readiness plans sent for translation, November 2006.
- Binational Pandemic Influenza meeting in Nogales, Sonora December 2006
- Development of a draft document to share public health information in the event of a public health emergency January 2007.
- Binational Meeting is Tucson with Secretaria de Salud Personnel and ADHS Personnel, February 6, 2006.
- Binational Pandemic Influenza Readiness Workshop in San Diego. To include all ten U.S.-Mexico Border States and both U.S. Department of Health and Human Services and Mexican Secretaria de Salud.
- ADHS Office of Border Health Office has begun drafting an Arizona-Sonora Regional Supplement to Arizona and Sonora State Pandemic Influenza Readiness Plans (the Arizona-Sonora Regional Influenza Pandemic Response Plan). Focus is on communication and coordination between both states. Additional working meetings are scheduled between Arizona and Sonora. The U.S. Department of Health and Human Services is using Arizona and Sonora as a model for other U.S.-Mexico Border States.
- With guidance from the U.S. Department of Health and Human Services, the U.S.-Mexico Border Health Commission, and the U.S.-Mexico Border Governors Health Worktable, binational planning for a Pandemic Influenza has been done in collaboration with not only the State of Sonora, but with all U.S.-Mexico Border States.
- The Arizona-Sonora Regional Supplement to Arizona and Sonora State Pandemic Influenza Readiness Plans (the Arizona-Sonora Regional Influenza Pandemic

Response Plan) was approved and will be included in the next version of the Arizona Pandemic Influenza Plan

The following are available upon request:

- Declaration of Cooperation between the State of Sonora, Mexico and the State of Arizona to establish protocols to share public health information across the Arizona-Sonoran border during a public health emergency and the establishment of a regional pandemic influenza response plan.
- Press Release from the California Office of the Governor establishing the border state council to develop border readiness plans.
- Joint Declaration of Governors from border Mexico states and border states from the US to achieve binational cooperation.
- Agenda from the US-Mexico Border Health Commission Pandemic Influenza Forum held in Hermosillo, Mexico on November 13, 2006.
- Health Action items from the Comisión Sonora-Arizona meeting in Puerto Peñasco, November 16, 2006.
- Agenda for the US-Mexico Border Health Commission (USMBHC) Binational Pandemic Influenza Tabletop held on February 27, 2007.

Testing and Exercising Communications with Sonora, Mexico

ADHS has funded development for binational Health Alert Network (HAN) testing capabilities through Early Warning Infectious Diseases Surveillance (EWIDS) Program funding. Once binational alerting capabilities are established, routine testing of binational communications will be implemented.

Arizona has developed electronic reporting capabilities for binational infectious disease cases via Arizona's Medical Electronic Disease Surveillance Intelligence System (MEDSIS). Trainings for Mexican counterparts is scheduled in mid-2008. Once binational MEDSIS capabilities are established, routine testing of binational communications will be implemented.

ADHS will plan and implement a functional exercise in fiscal year 2008-2009 to test components of the Arizona-Sonora communication system. This multi-jurisdictional tabletop exercise will include:

- Arizona
- Sonora, Mexico
- Baja, California-Norte
- California

The exercise will involve an infectious disease and test communications and information sharing components.

Appendix B.12

Assure the Emergency Medical Services System (EMS) and the 9-1-1 System are Integral Components of a State's Pandemic Influenza Planning and Response

Overview of the Bureau of Emergency Medical Services and Trauma System

The Arizona Department of Health Services (ADHS) Bureau of Emergency Medical Services and Trauma System (BEMSTS) mission is to protect the health and safety of people requiring emergency medical services; promote improvements in Arizona's emergency medical services (EMS) and trauma system through research and education of the public and EMS providers; and provide courteous, professional and responsible service to the public and EMS providers.

Statutory language requires that BEMSTS fund and oversee four regional EMS Councils (see map). These are the same regions as the Region Public Health Preparedness Committees used by BEPR. BEMSTS works with each regional council to facilitate planning, training, equipment, grant funding, data collection, protocol development, and needs assessments. Each regional council is established as a 501(C) 3 entity:

- Arizona Emergency Medical Systems (AEMS) covers all of Maricopa and most of Pinal and Gila Counties.
- Northern Arizona Emergency Medical Services (NAEMS) covers Yavapai, Coconino, Navajo, Apache and a very small portion of upper Gila County.
- Southeastern Arizona EMS Council (SAEMS) covers Pima, Santa Cruz, Cochise, Graham, Greenlee, and a small portion of Pinal and Gila Counties.
- Western Arizona Council of EMS (WACEMS) covers Mohave, La Paz, and Yuma Counties.



In addition to providing oversight of regional councils, BEMSTS has three statutorily identified committees that are charged with developing, reviewing and approving protocols; developing and commenting on proposed regulatory changes; and participating in quality assurance activities for BEMSTS. Each council has one or more subcommittees. These councils are:

- Emergency Medical Services Council
- Medical Direction Commission
- State Trauma Advisory Board

BEMSTS is the lead regulatory authority for:

- Emergency Medical Technicians (EMT) certification
- EMT training programs
- Advanced life support base hospitals

- Air ambulance licensing
- Ground ambulance licensing
- Trauma center designation

Regulatory Challenges Relating to Pandemic Influenza Planning

- 25% of Arizona's land mass is within the boundaries of federally-designated Indian reservations. BEMSTS has no authority over the provision of EMS within the boundaries of a reservation unless the tribal authority voluntarily elects to undergo regulation; therefore, most ambulances and EMTs operating on tribal lands are not licensed by BEMSTS.
- BEMSTS does not regulate services providing EMS first response. The EMT is regulated, but not the agency.
- BEMSTS is not the regulatory agency for the provision of 911 communication services. BEMSTS has the authority to require dispatcher training, but has not developed regulations at this time.

Regulatory Strengths Relating to Pandemic Influenza Planning

- Arizona has a strong regional EMS structure that has established relationship with the
 provider community of their region, enabling rapid and reliable communications and an
 understanding of the capabilities and needs of the region.
- The three mature statutory committees have experienced members representing the entire spectrum of the EMS and trauma system and have expertise in clinical, operational and regulatory functions of the system and its components.
- BEMSTS is co-located with the Bureau of Emergency Preparedness and Response (BEPR) under the Division of Public Health Services at ADHS. Under Deputy Assistant Director, Will Humble, each Bureau works in a coordinated fashion to achieve the broader initiatives of ADHS and develops staff in a cross-functional capacity to ensure that the best talent is utilized to achieve goals, whether they are goals of an individual program or of the Department as a whole. By way of example, BEMSTS has been involved in the on-going initiative with BEPR to establish the Arizona Emergency System for the Advanced Registration of Volunteer Health Professionals (ESAR-VHP) Program to ensure that the database under development can easily accommodate registration of EMT personnel by database-to-database file sharing. An additional example is on-going support by BEMSTS to ensure trained staff is available to staff the ADHS Health Emergency Operations Center (HEOC) in a variety of functional capabilities as outlined by ADHS' Public Health Incident Management System (PHIMS) structure. A final example of this inter-bureau cooperation is evidenced by BEMSTS staff assistance in regional pandemic influenza planning activities sponsored by BEPR. Additionally, both Bureaus have complementary constituent groups. In addition to the groups associated with BEMSTS described above, the BEPR has close relationships with each hospital through the Region Public Health Preparedness Committees and with each county and tribal health department through the Hospital Preparedness Program and Public Health Emergency Preparedness grant funding.

Current Status of Statewide EMS Pandemic Influenza Planning

Currently, there is no Statewide EMS Pandemic Influenza Plan (SEPIP), but there are efforts underway to develop a plan. BEMSTS approached BEPR in 2007 to request financial support to develop a SEPIP based upon the US DOT's EMS Pandemic Influenza Guidelines for Statewide Adoption. Funds were allocated in October of the same year. BEMSTS has developed a scope of work and is in the process of securing a contractor to complete the planning process and coordinate the development of the SEPIP. In the meantime, BEMSTS has collected supporting national, state, regional and local plans. BEMSTS and BEPR staff have met to develop a plan outline in accordance with US DOT's EMS Pandemic Influenza Guidelines. To facilitate development and early adoption of the SEPIP, BEMSTS has created a Disaster Preparedness subcommittee within the Emergency Medical Services Council (one of three statutory committees serving BEMSTS). ADHS envisions that the Disaster Preparedness subcommittee will review and suggest changes in the various drafts of the SEPIP. This is to ensure the product has a reasonable and achievable scope and content and that the product address the needs of Arizona's demographically and geographically diverse state. Additionally, BEPR will be involved in the development of the SEPIP to ensure that important concepts and capabilities that are used in the broader statewide operations plan are carried forward into the SEPIP.

OPERATING SUB-OBJECTIVE B.12.1: EMS PLANNING

EMS Pandemic Influenza Plans that Define the Role of EMS

The intent of BEMSTS planning is that the operational processes identified in the SEPIP will ensure that in the threat of, or during an actual pandemic all EMS providers will:

- Have access to up-to-the-minute information about the nature, scope and potential of the incident
- Understand the regulatory requirements/relaxations for each provider type under specific pandemic scenarios.
- Comprehend the additional scope of practice, treatment modalities, transport modalities. and medical direction strategies associated with mass-care situations.
- Clearly understand their role within the broader public health and health care systems.

Statewide Program of Pre-Pandemic Training and Exercising to Prepare EMS Personnel

BEMSTS, under the leadership of the BEPR Exercise Coordination Team will regularly coordinate exercises involving the pre-hospital community to ensure that the goals of the planning process (outlined above) are achieved. ADHS envisions conducting two exercises based on existing EMS Regional Plans in the first year. In the following year, ADHS anticipates conducting two more regional exercises and one statewide exercise. BEMSTS and BEPR will conduct after action briefings and will continue to revise not only the exercise strategy but will make changes to the EMS Pandemic Influenza Plan based upon lessons learned during the exercises

Distributing Pandemic Influenza Information to Local EMS Medical Directors and EMS Agencies

As described earlier, communication of real time information to the EMS community, including medical directors and EMS agencies will be a principal goal of the plan. Most, if not all, of the infrastructure requirements and processes are already in place, and what is lacking is a centralized document describing each resource and the method for accessing the information contained in each platform. These current capabilities include:

- Medical Directors Listserv: BEMSTS maintains a database of contact information for each medical director serving ambulance services, EMS training programs and EMS Base hospitals in the State. A listserv communication platform allows the BEMSTS to distribute e-mails and attachments directly to these physicians.
- Ambulance Service Listserv: BEMSTS maintains a database of contact information for each ambulance service (air and ground) providing service in the State. A point of contact has been identified for each service that is typically the manager, owner or service chief. These individuals are entered into a listserv communication platform that allows the BEMS to distribute e-mails and attachments directly to these individuals.
- EMResource: A multi-function web-based application accessible to each hospital, major 911 communication centers, ADHS and every county health department that:
 - o Describes bed availability for every hospital
 - o Ambulance load for each hospital
 - Urgent messaging capability which automatically triggers a message alert on each PC
- Health Alert Network (HAN): HAN messaging is a web-based system to initiate the distribution of public health alerts. The system can distribute information by email, phone, text-pager, or fax. In addition, the system utilizes text-to-speech capability, that will read back typed information over the phone. This system is utilized for information dissemination to public health responders and stakeholders. In addition, this system supports teleconference-bridging capability for conference call meetings. The system is able to alert over three thousand people from partner agencies.
- Arizona 2-1-1 (AZ 2-1-1): The State of Arizona developed AZ 2-1-1
 (http://www.az211.gov/) to serve as a central portal to provide up-to-the-minute information to the general public in the event of an emergency.

Integrate Best Practices or Lessons Learned During Previous Pandemic Wave and Issue and After Action Report

The SEPIP will be operational in nature. Therefore, upon completion of an exercise and after action report, the SEPIP will be revised to reflect lessons learned, completed corrective actions, and best practices. As described above, BEMSTS will seek assistance from BEPR's Exercise Coordination Team to ensure that this process is coordinated in an objective fashion and is consistent with the exercise activities of the broader Statewide Pandemic Influenza Operational Plan as required by the CDC.

OPERATING SUB-OBJECTIVE B.12.2: THE ROLE OF EMS IN INFLUENZA SURVEILLANCE AND MITIGATION

Procedures for Involving EMS Agencies in Ongoing Disease Surveillance

BEMSTS has no plans to implement a real-time disease surveillance capability based upon EMS data. Instead, BEMSTS intends to focus its efforts on out-bound information distribution to ensure that in the event of a mass-care event, the provider community has up-to-date information on resource availability, treatment strategies, alternate care facilities, etc. The flow of surveillance information will at first stem from the hospitals who receive patients from many different EMS agencies. Due to this fact, it would be difficult to poll EMS agencies in real time especially in light of the fact that hospital resources and trends are tracked by the EMSystem.

While ongoing disease surveillance has not been established between the ADHS Office of Infectious Disease Services (OIDS) and the BEMSTS or EMS agencies, there have been some collaborative efforts in the past. In 2005, Arizona housed several groups of evacuees in the response to Hurricane Katrina. OIDS staff monitored health status at the shelter clinic. This included collecting daily logs from the on-site EMS agencies in order to track how many people were being transported to hospitals or other facilities, and for what reasons.

Additionally, surveillance during one influenza season included receiving weekly information from BEMSTS about the number of flu-related hospital runs, in order to look for trends and intensity of flu activity.

Procedures for Involving EMS Providers in Pandemic Influenza Community Mitigation Strategies

BEMSTS intends to utilize the US DOT's EMS Pandemic Influenza Guidelines for Statewide Adoption as the guide for the SEPIP. However, it is important to note that the realities of the demographic and geographic characteristics of Arizona may result in some variance from these national guidelines. Because the characteristics of a pandemic influenza event will vary (severity, transmission, morbidity, mortality), the SEPIP will contain appropriate information dealing with the general clinical requirements for the pandemic environment and a section devoted to informing the EMS community on how and where they will be notified of up-to-date information of the specific pandemic event.

General Clinical Requirements for the Pandemic Environment

- The provision of care in the pandemic environment.
- Self-protection for the care giver against exposure risk in the pandemic environment.
- Health care practitioner vaccination/antiviral policies and procedures in the pandemic environment.
- Treatment, triage and transport guidelines in the pandemic environment.

The following information will be relayed to the provider community as outlined in a previous section of this application:

Incident Specific Requirements for an Actual Pandemic Environment

- Regulatory changes associated with a Governor's Emergency proclamation.
- Description of the isolation/quarantine protocol.
- Description of the self-protection requirements.
- How, when and where to access vaccination/antiviral agents.
- Treatment, triage, transport guidelines.

Arizona has developed the Arizona ESAR-VHP to incorporate a wide range of health care volunteers, inclusive of Emergency Medical Technicians (EMTs) and Paramedics. EMTs and Paramedics are integrated into the ESAR-VHP planning process, operational plans, and Interstate/Intrastate/Federal coordination strategies. The ESAR-VHP program ensures regular and ongoing communication with EMT/Paramedic volunteer health professionals and emergency preparedness entities and organizations. ESAR-VHP is required to establish working relationships with external partners such as the Arizona Citizen Corps Council, Arizona Emergency Services Association (the EMS coordinating body for Maricopa County and most of Pinal and Gila Counties), County Health Departments, and local Medical Reserve Corps units. EMTs and Paramedics are incorporated within education and preparedness training, exercise and evaluation, and the interoperable communication systems of the ESAR-VHP. State operational plans volunteer annexes, and Draft ESAR-VHP plans further address EMT/Paramedics inclusive of community response teams and ESAR-VHP.

OPERATING SUB-OBJECTIVE B.12.3: MAINTAINING CONTINUITY OF EMS OPERATIONS DURING AN INFLUENZA PANDEMIC

Backup Plans to Augment the Local EMS Workforce

In the event of a pandemic influenza event, a number of factors will decrease the healthcare provider pool across the state. However, Arizona may be somewhat less affected than other rural states because of a higher proportion of professional EMTs in the workforce. In anticipation of events which may require in-state or out-of-state deployment of Arizona's EMS workforce, BEMSTS is working closely with BEPR to assure that EMS personnel interested in participating in local, regional, state and national response activities will be able to have their contact information automatically populate the Arizona ESAR-VHP database through a file sharing program (see description of the EMS ESAR-VHP integration above).

As the SEPIP is developed, ADHS will re-engage with the model developed by the US DOT and will include information dealing with the staffing, licensing and timeframe options for the pandemic environment. This will also include information on how and where providers will be notified of up-to-date information pertaining to maintaining an adequate workforce that is specific to the pandemic event.

Backup Plans to Address Disruptions in the Availability of EMS Equipment, Supplies, and Services

A component of the SEPIP will be an assessment of supplies, equipment and services that are felt to be vital to continuity of operations in a pandemic environment. BEMSTS will work closely with the four EMS regions and BEPR to develop a strategy for purchasing, staging and delivery of these essential supplies while ensuring that these plans are coordinated with other plans and resources put in place through the Hospital Preparedness Program, the Centers of Disease Control, the U.S. Department of Homeland Security, and the Department of Justice (DOJ).

Interoperable Communications System Among EMS, 9-1-1, Emergency Management, Public Safety, Public Health and Health Care Agencies

Currently EMS agencies are served statewide by a combination of UHF and VHF frequencies. The Phoenix metropolitan area is migrating to an 800 MHz system. Currently, no single radio platform is able to provide border-to-border coverage. With EMS participation, considerable efforts are underway to establish a uniform radio communication plan for the state under DOJ funding. This is part of the system being developed by the Public Safety Communication Commission Statewide Land Mobile Radio Project. As part of the development of the SEPIP, BEMS will undertake a statewide assessment of current needs and facilitate a discussion and planning for needs in a pandemic environment. BEMSTS will work closely with BEPR and the Arizona Emergency Management Agency to ensure this information is shared with these and other groups as the SEPIP is developed. Radio communications will be a key component that is evaluated during annual exercises.

Statewide Communications Plan to Support Common Hospital Diversion and Bed Capacity Situational Awareness

Resources are currently in place and in use to achieve these components. EMResource combines active bed polling of all Arizona hospitals, emergency department diversion and ambulance load along with a mandatory-response messaging system in a web-based utility that is available in the major 911 communications systems, all hospitals, every county health department and each EMS region. The SEPIP will include a full description of these assets.

OPERATING SUB-OBJECTIVE B.12.4: LEGAL AUTHORITY

Procedures for EMS Providers to Deviate Legally from Established Treatment Protocols

BEMSTS intends to utilize the US DOT's EMS Pandemic Influenza Guidelines for Statewide Adoption as the guide for the SEPIP. However, BEMSTS understand that certain realities of the actual influenza strain, including severity, transmission, morbidity, mortality will impact the decision process of the Governor's office and other state emergency response agencies when developing a response plan. For that reason, the SEPIP will contain a section addressing the general regulatory requirements for the pandemic environment and a section devoted to

informing the EMS community on how and where they will be notified of actual regulatory relaxation and their impacts pertaining to the specific pandemic event.

The section outlining the general considerations dealing with the regulatory framework in a pandemic environment will include the following items:

- Governor's Declarations of Emergency
- Isolation and quarantine (voluntary and mandatory)
- Altered standards of care
- Altered scope of work
- Alternate treatment sites

Mechanisms to Ensure Freedom of Movement of EMS Assets

It is anticipated that any Governor declarations will include a relaxation of the regulations governing response areas. This would be a component described in the previous section. As part of the SEPIP, BEMSTS will assess the existence of current mutual aid agreements and lead discussions on regional and statewide mutual aid planning that can be incorporated within the final document.

OPERATING SUB-OBJECTIVE B.12.5: CLINICAL STANDARDS AND TREATMENT PROTOCOLS

Background

BEMSTS strategically decided that the most appropriate strategy for developing the SEPIP was to delay the development and adoption of treatment protocols for 12 to 16 months for the following reasons:

- BEMSTS is in the process of revising our statewide treatment, triage and transport guidelines.
- BEPR is in the process of developing the Arizona ESAR-VHP program
- Insufficient current participation by the physician medical director community in the Arizona Medical Volunteer program may result in reluctance by medical directors to adopt alternate standards of care since State liability coverage only extends to enrolled participants.

In the meantime efforts to increase physician participation in the Arizona Medical Volunteer program and Arizona ESAR-VHP are on-going.

Coordinated Statewide Medical Oversight of EMS Pandemic Influenza Planning, Mitigation, and Response

BEMSTS will be the program charged with developing the SEPIP. As described earlier, ADHS is committed to identifying and dedicating appropriate staff to ensure that this project is completed in a timely fashion. BEPR will play an integral role in the development, exercise and revision of the plan.

Arizona was a participant of the most recent TOPPOFF exercise last October. In addition, recent activities including the 2008 Super Bowl and Fiesta Bowls resulted standing up the State Emergency Operations Center (SEOC) and other State Incident Command Centers. In addition, ADHS regularly exercises its internal HEOC. BEMSTS staff has a dedicated seat within the HEOC to help coordinate EMS resources statewide. All ADHS executive staff are required to participate in regular training on HEOC operations, and all ADHS staff are required to complete National Incident Management System (NIMS) 100, 200 and 700 training.

As part of the annual exercises associated with the SEPIP, it is expected that the HEOC will also be activated and exercised. In the event of an actual pandemic, ADHS is prepared to staff the essential functions of the HEOC for the length of the pandemic. Additionally, ADHS is in the process of updating the agency's business continuity plan.

Rapid Development, Adoption, or Modification of Pre-hospital Clinical Standards and Triage/Treatment Protocols

BEMSTS is currently in the final stages of revising the statewide triage, treatment and transport guidelines. These will serve as a resource for EMS medical directors, base hospitals and EMS regions. These guidelines are not established in rule and are amenable to revision or alterations as situations dictate. Once the SEPIP is complete, BEMSTS will begin the process of drafting appropriate altered standards of care guidelines that are structured to accommodate a pandemic environment. ADHS will work with one of the three statutorily-mandated EMS subcommittees to ensure the guidelines align with the regional and local perspective.

Consistent, System-Wide Procedures for Rapid Distribution of New or Modified Pre-hospital EMS Treatment and Triage Protocols

BEMSTS has a number of communication platforms designed to reach the pre-hospital and hospital community. The SEPIP will include information on how and where providers can access up-to-date information including modified triage, treatment and transport protocols targeted to an actual pandemic event. See "Distributing Pandemic Influenza Information to Local EMS Medical Directors and EMS Agencies" above for specific communications platforms that are currently and will be used during a pandemic.

Just-in-Time Training for EMS Agencies, EMS Providers, EMS Medical Directors, and Public Safety Answering Points (PSAPs)

The State of Arizona has a number of web-based platforms for communicating information, education and training to the lay and medical communities including:

- Arizona 2-1-1 (AZ 2-1-1): The State of Arizona developed Arizona 211 (http://www.az211.gov/) to serve as a central portal to provide up-to-the-minute information to the general public in the event of an emergency.
- Health Alert Network (HAN): HAN messaging is a web-based system to initiate the distribution of public health alerts. The system can distribute information by email, phone, text-pager, or fax. In addition, the system utilizes text-to-speech capability, that will read back typed information over the phone. This system is utilized for information

- dissemination to public health responders and stakeholders. In addition, this system supports teleconference-bridging capability for conference call meetings. The system is able to alert over three thousand people from partner agencies.
- Secure Integrated Response Electronic Notification System (SIREN) SIREN is both a system's architecture to support web-based applications (like MEDSIS, HAN messaging, and email, etc.) and supports the Public Health Preparedness Portal. This portal supports secure areas for response tracking. These secure portal spaces represent a virtual emergency operations center. Similarly, the system supports a secure online collaborative portal for sharing of information between local health jurisdictions and across the Mexico border. The system currently has over 2500 users statewide.

Role of EMS Providers in "Treating and Releasing" Patients without Transporting Them to a Healthcare Facility

Current triage, treatment and transport guidelines allow for field treatment and release, usually with on-line approval by medical direction. Prospective plans for Arizona Altered standards of care will likely liberalize this initiative based upon input from Medical Directors. This will be addressed in the SEPIP under the discussion of deviating from established treatment protocols.

OPERATING SUB-OBJECTIVE B.12.6: EMS WORKFORCE PROTECTION

Strategies to Assist Local EMS Agencies with the Protection of the EMS and 9-1-1 Workforce and Their Families

BEMSTS will utilize the US DOT's <u>EMS Pandemic Influenza Guidelines for Statewide Adoption</u> as the guide for the SEPIP. This component will clearly be vital to a successful response to a pandemic event. Specific language addressing the family of the provider and the provider has been incorporated within the Statewide Pandemic Influenza Operational plan. The SEPIP will mirror this content.

Requirements or Recommendations for EMS Agencies for Basic Infection Control Procedures

BEMSTS will utilize the US DOT's EMS Pandemic Influenza Guidelines for Statewide Adoption as the guide for the SEPIP. This component will clearly be vital to a successful response to a pandemic event. BEMSTS, through a variety of communications platforms will ensure that the most up-to-date infection control procedures and supplies are made available to the provider community.

As part of a biannual refresher for EMT certification, all EMTs are required to receive training on the National Standard Curriculum Body Substance Isolation and Universal Precautions. This training provides the applicable infection control procedures during a pandemic influenza event.

Basic infection control procedures are also available in the Arizona Pandemic Influenza Response Plan dated June 2006. This plan has been shared with the healthcare and EMS community via a number of methods including participation in the 2006 Statewide Pandemic

Influenza Tabletop Exercise. The following material was provided in the response plan for prehospital care (emergency medical services):

- Patients with severe pandemic influenza or disease complications are likely to require emergency transport to the hospital. The following information is designed to protect EMS personnel during transport.
 - o Screen patients requiring emergency transport for symptoms of influenza.
 - o Follow standard and droplet precautions when transporting symptomatic patients.
 - o Consider routine use of surgical or procedure masks for all patient transport when pandemic influenza is in the community.
 - o If possible, place a procedure or surgical mask on the patient to contain droplets expelled during coughing. If this is not possible (i.e., would further compromise respiratory status, difficult for the patient to wear) have the patient cover the mouth/nose with tissue when coughing, or use the most practical alternative to contain respiratory secretions.
 - Oxygen delivery with a non-rebreather face mask can be used to provide oxygen support during transport. If needed, positive-pressure ventilation should be performed using a resuscitation bag-valve mask.
 - o Unless medically necessary to support life, aerosol-generating procedures (e.g., mechanical ventilation) should be avoided during pre-hospital care.
 - Optimize the vehicle's ventilation to increase the volume of air exchange during transport. When possible, use vehicles that have separate driver and patient compartments that can provide separate ventilation to each area.
 - o Notify the receiving facility that a patient with possible pandemic influenza is being transported.
 - o Follow standard operating procedures for routine cleaning of the emergency vehicle and reusable patient care equipment.

System-Wide Processes for Providing Vaccines and Antiviral Medication to EMS Personnel

BEMSTS intends to utilize the US DOT's <u>EMS Pandemic Influenza Guidelines for Statewide Adoption</u> as the guide for the SEPIP. This component will clearly be a vital to a successful response to a pandemic event. Specific language addressing the family of the provider and the provider has been incorporated within the Statewide Pandemic Influenza Operational plan. The SEPIP will mirror this content.

Establishing priority groups and distributing antiviral and vaccines is addressed in the Arizona Pandemic Influenza Response Plan dated June 2006. For vaccines, EMS personnel and their families will be vaccinated on a priority basis as outlined in the Arizona-adopted *Draft Guidance on Allocating and Targeting Pandemic Influenza Vaccine* dated October 17, 2007. See Appendix B.6, Ensure Mass Vaccination Capability During Each Phase of a Pandemic, for more information on vaccinating priority groups in Arizona.

For antivirals, the Arizona Pandemic Influenza Response Plan explains that the highest priority should be treatment of high-risk individuals who are hospitalized due to pandemic influenza illness. The next priorities would be 1) prophylaxis of health care workers (HCW) with direct patient contact and emergency medical service (EMS) providers, and 2) treatment of pandemic

health responders (public health, vaccinators, vaccine and antiviral manufacturers), public safety (police, fire, corrections), and government decision-makers.

In the interpandemic and pandemic alert periods, ADHS will establish a Vaccine and Antiviral Prioritization Policy Committee (VAPPC) composed of:

- Representative(s) from the Governor's Office
- State Epidemiologist
- State physician(s)
- ADHS influenza epidemiologist
- Office of Infectious Disease Services office chief
- ADHS administrator(s)
- Arizona Immunization Program Office (AIPO) representative
- Arizona Local Health Officers Association representative
- Arizona Medical Association representative
- Hospital Association representative
- Emergency Medical Services representative
- Arizona Pharmacy Alliance representative
- Long-term care representative

The VAPPC will define how these priority groups will apply on a local level, and will define who should be included in the groups of public safety workers, essential service providers, and key governmental decision makers. During an influenza pandemic, the VAPPC will modify these priority groups as needed based on the availability of antiviral medicines, the characteristics of the causative virus (e.g., the drug susceptibilities, initial geographic distribution, fatality rate, age-specific morbidity and mortality rates) and the effectiveness of implemented strategies. The VAPPC will provide the rationale for establishing priority groups so that the reasons for prioritization can be communicated to the community.

Mechanisms to Address Issues Associated with Isolation and Quarantine of EMS Personnel

BEMSTS intends to utilize the US DOT's <u>EMS Pandemic Influenza Guidelines for Statewide Adoption</u> as the guide for the SEPIP. This component will clearly be vital to a successful response to a pandemic event. BEMSTS will develop, via a consensus process and guidance from Federal resources, an adaptable plan to delineate isolation and quarantine guidelines.

Supplementing Local EMS Agencies in Offering Support Services to EMS Personnel and Their Families

BEMSTS intends to utilize the US DOT's <u>EMS Pandemic Influenza Guidelines for Statewide Adoption</u> as the guide for the SEPIP. This component will clearly be a vital to a successful response to a pandemic event. Specific language addressing the family of the provider and the provider has been incorporated within the Statewide Pandemic Influenza Operational plan. The SEPIP will mirror this content.

Through the Division of Behavioral Health Services (DBHS), ADHS also supports the needs of first responders and state employees who will respond to a disaster. These individuals may

participate in the Critical Incident Stress Management (CISM) training offered by DBHS. First responders and state employees are also given information on how to obtain ongoing behavioral health services when needed.

Exercising or Testing Components of the State-Level EMS System

BEMSTS, under the leadership of the BEPR Exercise Coordination Team will regularly coordinate exercises involving the pre-hospital community to ensure that the goals of the planning process (outlined above) are achieved. ADHS envisions conducting two exercises based on existing EMS Regional Plans in the first year. In the following year, ADHS anticipates conducting two more regional exercises and one statewide exercise. BEMSTS and BEPR will conduct after action briefings and will continue to revise not only the exercise strategy but will make changes to the EMS Pandemic Influenza Plan based upon lessons learned during the exercises.

The ADHS BEMSTS has participated in several exercises and real events.

- Super Bowl 2008
 - O For Super Bowl 2008, ADHS BEMSTS representatives were situated at the Joint Operations Center (JOC). A main lesson learned during this event was that area command and control of EMS activities was directed at the local level. It was evident that there was little to no statewide direction and coordination of EMS activities. This verifies and supports the need to develop statewide EMS prehospital plans.
- ADHS Pandemic Influenza and Medical Surge Tabletop Exercises (Spring 2008)
 - o ADHS BEMSTS representatives participated in a series of tabletop exercises for pandemic influenza and medical surge in the spring of 2008. A main lesson learned during these tabletops was that hospitals plans rely too much on EMS resources to augment medical personnel capacity. Hospital plans should be adjusted to include the typical 40% reduction in workforce expected during a pandemic influenza event.

Appendix B.13

Assure the Local, Regional and State Public Safety Answering Points are an Integral Component of a State's Pandemic Influenza Planning and Response

Overview of the Current Status of Public Safety Answering Points (PSAPs) as a Component of the Arizona Statewide Pandemic Influenza Operational Planning

The Arizona Department of Administration (ADOA) has established and has oversight of the rules governing the requirements for *funding* the PSAPs in Arizona. These rules are under Arizona Administrative Code (A.A.C.) R2-4-401. These rules stipulate that the 9-1-1 centers or PSAPs must establish operational procedures for the continuity of services for the expedient and appropriate processing of 9-1-1 calls in their area.

They must outline in their 9-1-1 Service Plan the agencies that supply services and the method by which those calls will be handled once received. The determination of call processing is established at the local level and the agencies involved accept responsibility for the handling of the calls appropriately.

The rules also stipulate that calls entering the 9-1-1 service system that do not require a public or private safety response unit be dispatched be referred to a non-911 telephone number.

The Federal Communications Commission (FCC) has defined 9-1-1 lines as designated for emergency calls, such as reporting a crime in progress, reporting a fire, or requesting an ambulance. Using 9-1-1 for non-emergency calls may delay help for people caught in real emergencies.

In the event of a pandemic influenza situation, individual political subdivisions throughout the state should establish guidelines for the handling of calls not requiring immediate dispatch of law enforcement, medical, or fire units.

The Arizona Department of Health Services (ADHS) Bureau of Emergency Medical Services and Trauma System (BEMSTS) has stakeholder relationships and some regulatory activity with the 9-1-1 and the PASP community. The ADHS BEMSTS constituency receives information about the nature and location of EMS incidents from the PSAP, the patient receives standardized pre-arrival instructions from the PSAP, and BEMSTS has authority to require specific pre-arrival instruction training of the PSAPs. The ADHS Bureau of Emergency Preparedness and Response (BEPR) works closely with hospital emergency departments and each county health department to ensure that resource allocation information is made available so that PSAPs can communicate information to the provider in the field.

More importantly, it is understood that PSAPs will play a key role in the event of a pandemic event when resources are most constrained. It is critical that PSAPs have up-to-date information on triage, treatment, and transport options specific to the event.

Phoenix Fire Department Regional Dispatch Center (PFDRDC) as Model PSAP

The PFDRDC is a secondary PSAP which provide fire and emergency medical services to 22 jurisdictions within Maricopa and Pinal Counties. Because PFDRDC serves the largest volume of Arizona residents, its operation will serve as the model PSAP for Arizona. Since there is no statewide direction and control for PSAPs, this appendix will reference Phoenix Fire Department's pandemic influenza preparedness and response activities and its integration into statewide PSAP response efforts.

When a person dials 9-1-1, the call is answered by the local law enforcement agency (primary PSAP) for that jurisdiction. If the emergency is law enforcement related, the call remains with the primary PSAP. If the emergency is fire and/or emergency medical in nature, the caller is immediately transferred to PFDRDC. The Fire Emergency Dispatcher who is Emergency Medical Dispatch (EMD) certified will determine without delay the location, nature, and source of the emergency and will initiate the dispatch process. If applicable, the Fire Emergency Dispatcher will provide self-help while fire department resources are en-route.

All Phoenix firefighters receive medical training and, at a minimum, are Emergency Medical Technicians (EMTs). Certain firefighters receive additional training as paramedics. They are capable of providing advanced life-support treatment including IVs, drug therapy and cardiac monitoring.

OPERATING SUB-OBJECTIVE B.13.1: GUIDING PRINCIPLES FOR PUBLIC SAFETY ANSWERING POINTS (PSAPS)

RESPOND

Role of PSAPs

PSAPs, in conjunction with other communication platforms, will serve as the conduit of information for a number of constituencies during a pandemic event, including:

- The public (via 9-1-1 calls)
- First responders
- Ambulances
- Hospitals
- Clinics
- Law Enforcement
- Fire Departments
- Assisted Living Facilities

PSAPs in Statewide Pandemic Influenza Planning

Because there is no overarching, statewide direction and control for PSAPs, pandemic influenza planning and preparedness activities are accomplished at the local level. This requires that local county health and emergency management departments routinely involve their jurisdiction's city and county law enforcement, fire department, hospitals, and EMS agencies in routine exercises

and responses to real events and planning groups. For example, in Maricopa County, the Maricopa Association of Governments (MAG) maintains the MAG PSAP Managers Group. This committee consists of PSAP Managers from the MAG member agencies and oversees the technical needs and provides overall coordination of the Maricopa County 9-1-1 System. Other regional pandemic influenza working groups include:

- Maricopa County Department of Public Health and Community Partners Pandemic Influence Advisory Committee
- Maricopa County Hospital Disaster Preparedness Committee
- Arizona Emergency Medical System (AEMS) Regional Council

Just-in-Time Training and Education for Call-Takers and other PSAP Personnel

As an example, Just-in-Time training and education for call-takers is developed and administered by the Phoenix Fire Department's Medical Director who establishes and maintains emergency medical dispatch (EMD) protocols.

Communication of Updates to PSAPs

Because there is no overarching, statewide direction and control for PSAPs in Arizona, pandemic influenza updates will be communicated to PSAPs by several methods.

- ADHS maintains the EMSystem which communicates information to emergency
 preparedness and response organizations across Arizona. Several local EMS, fire
 department, and law enforcement agencies (particularly the Phoenix Alarm Room) have
 access to and regularly utilize the EMSystem capabilities. Arizona hospitals and
 emergency departments also have access to and utilize the EMSystem. The EMSystem is
 a web-based Application Service Provider (ASP) that consists of three modules
 EMResource, EMTrack, EMCredential.
 - EMResource Provides real-time communication and resource management for everyone involved in emergency medical response. Authorized users log on to a secure web site and view regional emergency department status and available hospital resources to support patient transport and transfer decision-making. This system is accessed in over one hundred locations including hospitals and 911 dispatch centers in the state.
 - EMTrack Facilitates communications with medical response teams, family reunification, and notifies hospitals of incoming patients. EMTrack collects and disseminates patient information and status to on-scene responders and medical facilities. The solution tracks patients from initial assessment through disposition, including triage, treatment, and transport of patients for daily and mass casualty operations. This system includes field scanners and a wireless access point for transmission of data to the web-based application.
 - o EMCredential Provides an integrated system for the advance registration and credentialing of health care professionals to support response to medical emergencies. Volunteers can register online and update their information 24/7. Administrators verify the credentials and assign emergency credential levels to volunteers. Authorized users can easily and quickly identify and mobilized health care volunteers, with the appropriate credentials, to assist during an emergency

event. This system can facilitate mutual aid of volunteer resources across State lines.

- The Arizona Department of Public Safety (AZDPS) communicates messages to the majority of city and county law enforcement agencies within the state. The Arizona Law Enforcement Telecommunication System (ALETS) allows law enforcement agencies statewide to communicate information via teletype. These agencies must have access to the Arizona Criminal Justice Information System (ACJIS) in order to participate in ALETS. This includes agencies on a statewide level such as:
 - o Police departments
 - Sheriff departments
 - o Game and Fish
 - o AZDPS

Standardized 9-1-1 Protocols that Capture Symptoms Specific to the Pandemic

The ADHS BEMSTS, in conjunction with BEPR, will work to develop an Altered Standards of Care plan for the State of Arizona. All stakeholders involved in the response to a pandemic event will play a role in the development of these guidelines. It is anticipated that the federal government, through the CDC, will play a key role in the development of specific clinical treatment guidelines for the event. The role of the State is to ensure that these guidelines are translatable to specific protocols that can be transmitted to, and incorporated by the PSAP community.

If alternate standards of care are identified and implemented in Arizona, it is critical that any altered EMD protocols be coordinated with the PSAP Medical Directors or individuals responsible for EMD protocol compliance at other statewide primary and secondary PSAPs.

RECOVER

Integration of Best Practices or Lessons Learned During the Previous Pandemic Wave and After Action Report

The Homeland Security Exercise and Evaluation Program (HSEEP) model provides a standardized methodology (templates) for after action report development and improvement planning. The templates are used for all emergency preparedness and response exercises and responses to real events at local, regional, and state levels. Additionally, all emergency response partners are strongly encouraged to utilize compliant templates and improvement planning techniques. The State continues to foster a supportive relationship with the preparedness community, aiding in the development of compliant documentation which helps to ensure consistent planning, execution, and improvement planning for all emergency response-related exercises in the state. Additionally, the State has implemented a policy of following the HSEEP guidelines with regard to after action reports. Strict guidelines are in place for the finalization of after action reports (60 days), improvement plans and corrective actions. Corrective actions are always assigned to a specific section, organization, or role within the public health/healthcare system with a definitive date for the implementation of a specific corrective action.

OPERATING SUB-OBJECTIVE B.13.2: PROVISION OF INFORMATION TO THE PUBLIC

RESPOND AND RECOVER

Coordinated System-Wide Messages to Communicate Updated Public Health Information to PSAPs

As stated earlier, because there is no overarching, statewide direction and control for PSAPs in Arizona, pandemic influenza updates will be communicated to PSAPs by several methods.

- ADHS maintains the EMSystem which communicates information to emergency preparedness and response organizations across Arizona. Several local EMS, fire department, and law enforcement agencies (particularly the Phoenix Alarm Room) have access to and regularly utilize the EMSystem capabilities. Arizona hospitals and emergency departments also have access to and utilize the EMSystem. The EMSystem is a web-based Application Service Provider (ASP) that consists of three modules EMResource, EMTrack, EMCredential.
 - EMResource Provides real-time communication and resource management for everyone involved in emergency medical response. Authorized users log on to a secure web site and view regional emergency department status and available hospital resources to support patient transport and transfer decision-making. This system is accessed in over one hundred locations including hospitals and 911 dispatch centers in the state.
 - o EMTrack Facilitates communications with medical response teams, family reunification, and notifies hospitals of incoming patients. EMTrack collects and disseminates patient information and status to on-scene responders and medical facilities. The solution tracks patients from initial assessment through disposition, including triage, treatment, and transport of patients for daily and mass casualty operations. This system includes field scanners and a wireless access point for transmission of data to the web-based application.
 - o EMCredential Provides an integrated system for the advance registration and credentialing of health care professionals to support response to medical emergencies. Volunteers can register online and update their information 24/7. Administrators verify the credentials and assign emergency credential levels to volunteers. Authorized users can easily and quickly identify and mobilized health care volunteers, with the appropriate credentials, to assist during an emergency event. This system can facilitate mutual aid of volunteer resources across State lines.
- AZDPS will communicate messages to the majority of city and county law enforcement agencies within the state. The Arizona Law Enforcement Telecommunication System (ALETS) allows law enforcement agencies statewide to communicate information via teletype. These agencies must have access to the Arizona Criminal Justice Information System (ACJIS) in order to participate in ALETS. This includes agencies on a statewide level such as:
 - o Police departments
 - Sheriff departments
 - Game and Fish

o AZDPS

In addition to the communication methodologies identified above, public health messaging will be communicated through local and state emergency communications via the county and state emergency operations center, the Arizona 2-1-1 (AZ 2-1-1) system, and other statewide interoperable emergency communications systems. For more information on emergency public health messaging and dissemination, see Appendix B.9, *Ensure Communication Capability During Each Phase of the Pandemic*.

OPERATING SUB-OBJECTIVE B.13.3: FACILITATION OF CALL SCREENING

RESPOND AND RECOVER

Role of PSAPs in the Pandemic Influenza Surveillance System

In general, ADHS does not intend to utilize the PSAPs as a primary component of Arizona's surveillance capability. Many of the PSAPs in Arizona serve rural communities, and in the event of pandemic influenza, ADHS anticipates their actions will be mostly aimed at the dissemination of appropriate information and the coordination of health care resources. Regional 9-1-1 System Coordinators also anticipate that 9-1-1 dispatchers can only handle immediate emergencies.

Additionally, the PSAPs are currently not incorporated into the influenza surveillance system for gathering data. There are, however, some systems in place that currently assist with providing pre-formatted information to callers regarding specific events or diseases, or for guiding a response to a specific incident.

Maricopa County contracts with the local poison control center to operate a hotline for clinicians, and another for follow-up for specific events/incidents. The clinician line is currently used for rabies exposures assessments or other emergent situations requiring triage and follow-up, such as botulism. This line connects with a doctor on call at the county health department, as the situation warrants. A separate number is provided to people identified as part of a specific event. These may be people who self-identify as being at a specific location/event, or who are identified by public health staff at an event, for example people who visited the first aid tents at the Super Bowl. The line can then be used to provide communications or guidance to the exposure group. This method could be used for an airplane exposure to a suspect pandemic influenza exposure. The staff for both lines follow protocols provided by the county health department, and can be updated as needed.

Also, ADHS and Maricopa County both have hotlines for providing menu-driven information to callers. These numbers are disseminated to the public or to specific risk groups as emergencies arise. Both systems can be used to list specific signs, symptoms, risk groups, or other information, including referral information or next steps. There are several menu options within each system that can address different incidents/diseases, or could be tailored to address different aspects of one incident, as needed. There is the ability within the Maricopa County line to connect with a staff member, although this is capped at 300 callers per day.

The systems mentioned above do not currently have sufficient capacity to cover the state, nor provide data in a format that can be easily analyzed, and do not link with the 911 system, but do begin to provide a mechanism for disseminating information and providing instructions to specific groups.

Disseminating Rapid Updates to PSAPs for Caller Screening

Updated symptom sets will be disseminated to PSAPs for caller screening via law enforcement and EMSystem methodologies as described above. If updated symptoms sets are identified and implemented in Arizona, it is critical that they are coordinated with PSAP Medical Directors or individuals responsible for EMD protocol compliance at other statewide primary and secondary PSAPs.

Sharing Pertinent Data

Under Arizona Revised Statutes (ARS) §36-782, the ADHS Director has the authority to declare an enhanced surveillance advisory if "the governor has reasonable cause to believe that an illness, health condition or clinical syndrome caused by bioterrorism, epidemic or pandemic disease or a highly fatal and highly infectious agent or biological toxin has or may occur or that there is a public event that could reasonably be the object of a bioterrorism event." The enhanced surveillance advisory shall include:

- Those persons and entities require to report
- The clinic syndromes, any illness or health condition that may be associated with bioterrorism or a specific illness or health condition to be reported
- Patient tracking
- Information sharing
- Specimen testing coordination

Additionally, §36-785 addresses information sharing during an enhanced surveillance advisory and states,

During an enhanced surveillance advisory, when a public safety authority learns of a suspicious disease event, or it learns of a threatened bioterrorism act at any time, it shall immediately notify the department or the local health authority, and the agency that receives this information must immediately notify the other agency.

When the department or the local health authority identifies a reportable illness or health condition, unusual disease cluster or suspicious disease event that it reasonably believes may be caused by bioterrorism, the department or local health authority must immediately notify at any time the appropriate public safety authority and, if appropriate, tribal health authorities.

Sharing of information on reportable illnesses, health conditions, unusual disease clusters or suspicious disease events between public safety and local health authorities is limited to the information necessary to effect the enhanced surveillance advisory and does not include the release of medical records to public safety authorities. Information from

which a person might be identified that is received by the department, local health authority or public safety authority in the course of an enhanced surveillance advisory is confidential and not available to the public.

PSAP Triage and Patient Classification

As stated earlier, because there is no overarching, statewide direction and control for PSAPs in Arizona, protocols for altered standards of care and/or triage and patient classification during a pandemic influenza event will be coordinated with the PSAP Medical Directors or individuals responsible for EMD protocol compliance at other statewide primary and secondary PSAPs. This individual will consult with ADHS and the local public health department and as directed by the Centers for Disease Control (CDC).

The ADHS BEMSTS is currently developing a Pre-Hospital Pandemic Influenza Plan that will take into account general pre-planned guidelines and the dissemination of event-specific guidelines for the triage, treatment and transport of patients. The development of the Arizona Altered Standards of Care for EMS in the Pandemic Event will address these protocols. These protocols will be developed in consultation with the broad stakeholder community under the Medical Direction Commission, one of three statutory committees of the ADHS BEMST.

OPERATING SUB-OBJECTIVE B.13.4: ASSISTANCE WITH PRIORITY DISPATCH OF LIMITED EMS

RESPOND AND RECOVER

Statewide Legal Authority and Protocols to Allow Tiered Response of Different EMS Units

The ADHS BEMSTS Pre-Hospital Pandemic Influenza plan will address the legal authority for alternate standards of care and triage, treatment and transport of patients in the pandemic event.

Mechanisms to Identify 9-1-1 Callers or Patients Appropriate for Transfer to a Secondary Triage Specialist or Alternate Call Center

Because there is no overarching, statewide direction and control for PSAPs in Arizona, there are currently no mechanisms in place to *transfer* callers to alternate call centers from 9-1-1 centers. However, Arizona fully anticipates disseminating information to the public regarding alternate call centers to reduce the surge from the 9-1-1 system. For example, the Arizona Division of Emergency Management (ADEM) will implement the AZ 2-1-1 system during and following a pandemic influenza event. The public will be instructed to call AZ 2-1-1 when needing information and/or are not experiencing an acute, emergency event.

Also, ADHS and Maricopa County both have hotlines for providing menu-driven information to callers. These numbers are disseminated to the public or to specific risk groups as emergencies arise. Both systems can be used to list specific signs, symptoms, risk groups, or other information, including referral information or next steps. There are several menu options within each system that can address different incidents/diseases, or could be tailored to address different

aspects of one incident, as needed. There is the ability within the Maricopa County line to connect with a staff member, although this is capped at 300 callers per day.

OPERATING SUB-OBJECTIVE B.13.5: EDUCATION AND TRAINING OF PSAPS

RESPOND AND RECOVER

PSAP Pandemic Influenza Continuing Education and Training

Because there is no overarching, statewide direction and control for PSAPs in Arizona, there currently is no statewide education and training programs for PSAPs for pandemic influenza. However, local and regional programs exist for PSAPs with education and training opportunities during the seasonal influenza season. For example, the Phoenix Fire Department has a regional Emergency Medical System Seasonal Influenza Plan (http://phoenix.gov/FIRE/remsfluplan2006.pdf). The PFDRD utilizes the seasonal influenza campaign as opportunities to provide and education and training on pandemic influenza.

Just-in-Time Training for PSAP Personnel

As an example, Just-in-Time training and education for call-takers is developed and administered by the Phoenix Fire Department's Medical Director who establishes and maintains emergency medical dispatch (EMD) protocols.

OPERATING SUB-OBJECTIVE B.13.6: CONTINUITY OF OPERATIONS

RESPOND AND RECOVER

Isolation and Quarantine Policies and Procedures for PSAPs

The ADHS BEMSTS is currently developing a Pre-Hospital Pandemic Influenza Plan that will take into account general isolation and quarantine issues for both EMS and PSAP personnel. See Appendix B.12, Integrate EMS and 911 into Pandemic Preparedness, for more detail regarding the development of this plan.

System-Wide Processes for Vaccinating 9-1-1 Personnel

According to Arizona Revised Statutes §36-787, during a state of emergency in which there is a pandemic disease that poses a substantial risk of a significant number of human fatalities, the Governor, in consultation with the director of the Department of Health Services, may issue orders that ration medicine and vaccines, and provide for procurement of medicines and vaccines. Under these circumstances, ADHS will take the lead to direct the prioritization of limited antiviral supplies during an influenza pandemic.

In the pandemic alert periods, ADHS will establish a Vaccine and Antiviral Prioritization Policy Committee (VAPPC) composed of

o Representative(s) from the Governor's office

- o State Epidemiologist
- o State physician(s)
- o ADHS influenza epidemiologist
- o Office of Infectious Disease Services office chief
- o ADHS administrator(s)
- o Arizona Immunization Program Office (AIPO) representative
- o Arizona Local Health Officers Association representative
- o Arizona Medical Association representative
- o Hospital Association representative
- o Arizona Emergency Medical Service representative
- o Arizona Pharmacy Alliance representative
- o Long-term care representative

The VAPPC will define how these priority groups will apply on a local level, and will define who should be included in the groups of public safety workers, essential service providers, and key governmental decision makers. During an influenza pandemic, the VAPPC will modify these priority groups as needed based on the availability of antiviral medicines and vaccine, the characteristics of the causative virus (e.g., drug susceptibilities, initial geographic distribution, fatality rate, age-specific morbidity and mortality rates) and the effectiveness of implemented strategies. The VAPPC is identified in Appendix #6 and #7 in the Arizona Pandemic Influenza Response Plan.

Freedom of Movement of PSAP Personnel

Because there is no overarching, statewide direction and control for PSAPs in Arizona, freedom of movement of PSAP personnel is addressed in the 9-1-1 centers' business continuity plans. The personnel at the PSAPs must be able to continue to operate regardless of the severity of the situation outside of the 9-1-1 center. Additionally, the service plans required by ADOA of all 9-1-1 centers addresses redundancy and business continuity issues.

Business continuity planning issues with PSAPs originate from the objective to ensure the health and stability of local 9-1-1 PSAPs and the 9-1-1 infrastructure prior to, during, and following a pandemic influenza event. Some strategic direction to be considered by the PSAPs include the following:

- Restrict access to the PSAP and PSAP personnel. Only essential personnel should be permitted access to the PSAP. Lock out of all non-essential personnel to the PSAP.
- Encourage PSAP personnel to limit contact with others outside of the PSAP (other than family).
- Institute the practice of wiping surfaces in the PSAP with each shift change using recommended disinfectants appropriate for flu viruses.
- Declare by county or local jurisdiction, a proclamation that 9-1-1 employees are mission critical.
- Allow and make available measures such as masks and gloves to call-takers and their families as appropriate.

- Allow each call-taker to have a personal keyboard and mouse to be kept in a wrapped and clean area when not in use.
- Start education of 9-1-1 employees regarding the value of the call-takers and dispatchers to the system, risks to the employee and their family, and best hygiene practices for PSAP at home.
- Ask all suppliers of services and materials to supply a copy of their plans for business continuity in a pandemic influenza situation.
- Request contact information in preparation for credentialing if necessary in late phases.
- Obtain protocols from state and local emergency management departments, ADHS, local health departments and others so that callers to 9-1-1 can be given accurate information for certain specific questions.
- Encourage all employees to have personal emergency plans and supplies.
- Establish working relationships with ADHS, the Arizona Department of Homeland Security, Arizona Division of Emergency Management and others for sharing data, procedures, and protocols.
- Plans for the use of mental health professionals to support PSAP personnel.
- Cross-train clerks and other non call-taker personnel to work as call-takers.

Testing and Exercising Statewide PSAP Plans

Because there is no overarching, statewide direction and control for PSAPs in Arizona, there has been no testing or exercising on *state-level* basis.

Appendix B.15 Public Safety and Law Enforcement

This appendix has b	oeen redacted due t	o sensitive p	ublic safetv	and law	enforcement	material.
Timb appoinant mas c	con readered and t	o semsitive p	aciic saicty	alla la ii		march in i

Appendix C.1 Define CIKR Protection, Planning, Preparedness, Response, and Recovery Roles and Responsibilities

Appendix C.2 Build Public-Private Partnerships and Support Networks

Appendix C.3 Implement NIPP Risk Management Framework for a Pandemic

Appendix C.4 Bolster CIKR Information Sharing and Protection Initiatives

Appendix C.5 Leverage Emergency Preparedness Activities for CIKR Protection, Planning, Preparedness, Response, and Recovery

Appendix C.6

Integrate Federal, State, Local, Tribal, and Territorial Government with Public- and Private-Sector CIKR Protection, Planning, Preparedness, Response, and Recovery Activities

Appendix C.7 Prioritize and Allocate Scarce Resources